

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035844	
1. Entity Name THOMAS C. NOLAN, P.A.	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 18 PM 3:25

Principal Place of Business 870 E STATE RD 434 LONGWOOD, FL 32750	Mailing Address 870 E STATE RD 434 LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # <b>SAME AS ABOVE</b>	3. Mailing Address <b>SAME AS ABOVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09102008 Chg-P CR2E034 (12/06)

4. FEI Number 52-2096020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOLAN, THOMAS C ESQ. 870 E STATE ROAD 434 LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name <b>SAME (THOMAS C. NOLAN ESQ)</b> Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b> City <b>SAME</b> FL Zip Code <b>SAME</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NOLAN, THOMAS C 870 E STATE RD 434 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGES OR ADDITIONS</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SAME AS ABOVE</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800136246738 09/23/08--01016--015 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Nolan THOMAS C. NOLAN 9-16-08 407-871-3434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #