

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90011 041 \*\*\*150.00

DOCUMENT # P98000039394

1. Entity Name  
MULLIGAN WAY, INC.



Principal Place of Business  
550 STATE ROAD 207  
ST. AUGUSTINE, FL 32084

Mailing Address  
550 STATE ROAD 207  
ST. AUGUSTINE, FL 32084

40043434



2. Principal Place of Business - No P.O. Box#  
707 Standish Dr  
Suite, Apt. #, etc.

3. Mailing Address  
1093 AIA Beach Blvd  
Suite, Apt. #, etc.  
PMB 238

01082007 Chg-P CR2E034 (12/06)

City & State  
St. Augustine  
Zip  
32086  
Country  
St John

City & State  
St. Augustine FL  
Zip  
32080  
Country  
St. John

4. FEI Number  
59-3507391  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIFATO, MICHAEL  
550 STATE RD. 207  
SAINT AUGUSTINE, FL 32095

## 7. Name and Address of New Registered Agent

Name  
Michael D. Fato  
Street Address (P.O. Box Number is Not Acceptable)  
707 Standish Drive  
City  
St. Augustine FL Zip Code  
32086

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

03/31/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, W. HALL 4305 LINE KILN ROAD FREDERICK, MD 21703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIFATO, MICHAEL A JR. 550 STATE ROAD 207 SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIFATO, JOSEPH C 550 STATE ROAD 207 SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LASSITER, CHARLES 550 SR 207 SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	707 Standish Dr. St. Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	413 Night Hawk Lane St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	320 Red Wing Lane St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.23.07

Date

Daytime Phone #