

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000039394**

1. Entity Name  
MULLIGAN WAY, INC.



Principal Place of Business  
707 STANDISH DR  
SAINT AUGUSTINE, FL 32086

Mailing Address  
1093 A1A BEACH BLVD  
PMB 238  
ST. AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**



02022008 No Chg-P CR2E034 (11/05)

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  
707 STANDISH DR  
SAINT AUGUSTINE, FL 32095

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000819245  
02/15/08-80075-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MILLER, W. HALL
STREET ADDRESS	4305 LINE KILN ROAD
CITY-ST-ZIP	FREDERICK, MD 21703
TITLE	D
NAME	DIFATO, MICHAEL A JR.
STREET ADDRESS	707 STANDISH DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	D
NAME	DIFATO, JOSEPH C
STREET ADDRESS	413 NIGHT HAWK LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	D
NAME	LASSITER, CHARLES
STREET ADDRESS	320 RED WING LANE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

2/2/08

Date

904-347-4434

Daytime Phone #