

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000055769

1. Entity Name  
MARIA L. HORAN, L.C.S.W., P.A.



Principal Place of Business  
1581 HWY 98 WEST  
F  
CARRABELLE, FL 32322 US

Mailing Address  
P.O. BOX 868  
CARRABELLE, FL 32322 US

**DO NOT WRITE IN THIS SPACE**

3. **FILED  
Mar 20, 2007 8:00 am  
Secretary of State**

03-07-2007 90017 033 \*\*\*150.00



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0856634	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORAN, JOHN M  
1933 LIGHTHOUSE RD  
CARRABELLE, FL 32322

**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

*Maria L. Horan*

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

*2/27/07*

DATE

(NOTE: Registered Agent signature required when renewing)

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: PST  
NAME: HORAN, MARIA  
STREET ADDRESS: P.O. BOX 868  
CITY - ST - ZIP: CARRABELLE, FL 32322

**DO NOT WRITE  
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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: *Maria L. Horan MARIA L. HORAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/18/07 850-697-2122*

Date Daytime Phone #