


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000059966**

1. Entity Name  
**STEPHEN J. MOYLAN, P.A.**



Principal Place of Business <b>1017 DALESIDE LANE          NEW PORT RICHEY, FL 34655</b>	Mailing Address <b>1017 DALESIDE LANE          - NEW PORT RICHEY, FL 34655</b>
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**DO NOT WRITE IN THIS SPACE**



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3531906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MOYLAN, STEPHEN J  
 1017 DALESIDE LANE  
 NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**

8. The above name 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 obligation of, the registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FILING FEE IS \$150.00**  
**After May 1, 2005 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 MOYLAN, STEPHEN J 1017 DALESIDE LANE NEW PORT RICHEY, FL 34655
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 03/04/05-80014-011 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen J. Moylan **STEPHEN J. MOYLAN** 2/27/05 727-845-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #