

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107462

Entity Name: SEAN F. MONAHAN, P.A.

FILED  
Feb 12, 2008  
Secretary of State

**Current Principal Place of Business:**

25 THOMPSON ROAD  
WEBSTER, MA 015700308

**New Principal Place of Business:**

1114 LAKE TERRACE #202A  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

P.O. BOX 308  
WEBSTER, MA 01570

**New Mailing Address:**

1114 LAKE TERRACE #202A  
BOYNTON BEACH, FL 33426

FEI Number: 65-0895241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALE, DANIEL F  
1114 LAKE TERRACE #202A  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONAHAN, SEAN F  
Address: 25 THOMPSON ROAD, P. O. BOX 308  
City-St-Zip: WEBSTER, MA 015700308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MONAHAN, SEAN F  
Address: 1114 LAKE TERRACE #202A  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN F. MONAHAN

PD

02/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date