


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S48333**

1. Entity Name  
 THOMAS F. EGAN, P.A.



Principal Place of Business      Mailing Address

204 PARK LAKE ST      204 PARK LAKE ST  
 ORLANDO, FL 32803 US      ORLANDO, FL 32803 US

**DO NOT WRITE IN THIS SPACE**



01052007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3061803      Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS F. EGAN  
 204 PARK LAKE ST  
 ORLANDO, FL 32803

**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: *Thomas Egan*, THOMAS EGAN      1/5/07      DATE

Signature, typed or printed name of registered agent and type if applicable      (NOTE: Registered Agent signature required when reinstating)

**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	DP EGAN, THOMAS F. 204 PARK LAKE ST ORLANDO, FL
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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: *Thomas Egan*, THOMAS EGAN      1/5/07      4078491055      DATE      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR