

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11203

FILED
Jul 07, 2004
Secretary of State

Entity Name: E. CORNELL MALONE CORPORATION

Current Principal Place of Business:

439 DORY STREET
JACKSON, MS 39047 US

New Principal Place of Business:

439 DORY STREET
JACKSON, MS 39201 US

Current Mailing Address:

439 DORY STREET
JACKSON, MS 39047 US

New Mailing Address:

439 DORY STREET
JACKSON, MS 39201 US

FEI Number: 64-0677155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351 US

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: A1A REGISTERED AGENT INC

07/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALONE, E. CORNELL,
Address: 28 W SHORE DR
City-St-Zip: HATTIESBURG, MS 39402

Title: VP () Delete
Name: MALONE, ROMAN
Address: 26 OVERLOOK POINT
City-St-Zip: HATTIESBURG, MS 39402

Title: SD () Delete
Name: HUGHES, STEVE
Address: 53 POMPARNO
City-St-Zip: HATTIESBURG, MS 39402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MALONE, CORNELL E
Address: 439 DORY STREET
City-St-Zip: JACKSON, MS 39201

Title: VP (X) Change () Addition
Name: MALONE, ROMAN
Address: 439 DORY STREET
City-St-Zip: JACKSON, MS 39201

Title: ST (X) Change () Addition
Name: MALONE, RYAN
Address: 439 DORY STREET
City-St-Zip: JACKSON, MS 39201

I hereby certify that the information supplied with this filing does not qualify for the 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 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: E. CORNELL MALONE

PD

07/07/2004

Electronic Signature of Signing Officer or Director

Date