

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11203

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: E. CORNELL MALONE CORPORATION

**Current Principal Place of Business:**

439 DORY STREET  
JACKSON, MS 39201 US

**New Principal Place of Business:**

**Current Mailing Address:**

439 DORY STREET  
JACKSON, MS 39201 US

**New Mailing Address:**

FEI Number: 64-0677155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

BOLYARD, PENNY  
3359-8 CAPTOR RD  
PENSACOLA, FL 32514 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: PENNY BOLYARD

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/04/2005

Electronic Signature of Signing Officer or Director

Date