

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 418501

1. Entity Name
MALLORY ENTERPRISES, INC.



Principal Place of Business
%DR. MRS. NORMAN MALLORY
1126 SIGNATURE DR
SUN CITY, FL 33573

Mailing Address
%DR. MRS. NORMAN MALLORY
1126 SIGNATURE DR
SUN CITY, FL 33573



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1453015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALLORY, NORMAN D.
1126 SIGNATURE DR
SUN CITY, FL 33573

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000381069
01/11/06-80038-022 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MALLORY, NORMAN D.
1126 SIGNATURE DR
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MALLORY, SARA M.
1126 SIGNATURE DR
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
MALLORY, NORMAN D., JR.
1126 SIGNATURE DR
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: NORMAN D. MALLORY
Norman D. Mallory

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06

Date

813-633-7889

Daytime Phone #