

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418501

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: MALLORY ENTERPRISES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

%DR. NORMAN MALLORY  
12602 51ST STREET  
TAMPA, FL 33617-142

## Current Mailing Address:

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

## New Mailing Address:

%DR. NORMAN MALLORY  
12602 51ST STREET  
TAMPA, FL 33617-142

FEI Number: 59-1453015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MALLORY, NORMAN D.  
12602 NORTH 51ST STREET  
TAMPA, FL 33617-142 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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MALLORY, NORMAN D.  
Address: 1126 SIGNATURE DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD ( ) Delete  
Name: MALLORY, SARA M.  
Address: 1126 SIGNATURE DR  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: STD ( ) Delete  
Name: MALLORY, NORMAN D., JR.  
Address: 1126 SIGNATURE DR  
City-St-Zip: SUN CITY CENTER, FL 33573

## 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 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: NORMAN D. MALLORY, JR

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date