1-9-05

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -9 PM 3:36

DOCUMENT # 437114

1. Entity Name
MAHAFFEY AGENCY, INC

Principal Place of Business	Mailing Address
15 N STEWART STREET QUINCY, FL 32351 US	PO BOX 820 QUINCY, FL 32353

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1484985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAHAFFEY, WILLIAM W 723 N BELLAMY DR QUINCY, FL 32351	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHAFFEY, WILLIAM W 723 N BELLAMY DR QUINCY, FL 32351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300026969683 01/14/04--01065--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: See attachment
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2095

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Document Number
437114
Business Entity Name
MAHAFFEY AGENCY, INC

FEI Number: 591484985

FEI Number Status: ○ Applied For ○ Not Applicable ◉ Current

Certificate of Status Desired ○ Yes ◉ No $8.75 each

Principal Place of Business

Address: 15 N STEWART STREET

Suite, Apt. #, etc.:

City, State: QUINCY, FL

Zip Code & Country: 32351 US

Mailing Address

Address: 15 North Stewart Street

Suite, Apt. #, etc.:

City, State: QUINCY, FL

Zip Code & Country: 32351

Name And Address of Registered Agent

Name (Last, First, Middle, Title): MAHAFFEY, WILLIAM, W,

-or- RA Business Name:

Address: 723 N BELLAMY DR

Suite, Apt. #, etc.:

City, State: QUINCY, FL

Zip Code & Country: 32351 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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Registered Agent Signature

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Document Number
437114
Business Entity Name
MAHAFFEY AGENCY, INC

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Officer/Director Name And Address

Title	P
Name (Last, First, Middle, Title)	MAHAFFEY, WILLIAM, W,
-or- Entity Name	
Street Address	723 N BELLAMY DR
City, State	QUINCY, FL
Zip Code & Country	32351

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	, , ,
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

○ **List more than six Officers/Directors** ◉ **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title: Pres

Officer/Director Signature: William W. Mahaffey

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