

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90030 008 ***150.00

DOCUMENT # F38157

1. Entity Name

MALONEY & MCQUIRE INC.



Principal Place of Business

6280 SW 5CT
PLANTATION FL 33317

Mailing Address

6280 SW 5CT
PLANTATION FL 33317

2. Principal Place of Business

6280 SW 5CT

Suite, Apt. #, etc.

3. Mailing Address

1110 NW 111 Ave

Suite, Apt. #, etc.

City, State

Plantation FL

City, State

Plantation FL

Zip

33317

Country

Florida

Zip

33322

Country

Florida



MOORE

CR2E034 (11/03)

4. FEI Number

59-2108918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCQUIRE, COURT
6280 SW 5 CT
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

Court McQuire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.16.04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME MCQUIRE, COURT
STREET ADDRESS 6280 SW 5 CT
CITY-ST-ZIP PLANTATION FL 33317

TITLE VTD ☒ Delete
NAME MALONEY, JIM
STREET ADDRESS 5110 N WILLALE
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME MALONEY, JIM
STREET ADDRESS 1110 NW 111 Ave
CITY-ST-ZIP Plantation FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Court McQuire C G MCQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.04 9545873605

Date

Daytime Phone #