

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F94277

1. Entity Name
MALLAMAS CONSTRUCTION, INC.



Principal Place of Business
**2911 ROCK SPRINGS ROAD
APOPKA, FL 32712 US**

Mailing Address
**2911 ROCK SPRINGS ROAD
APOPKA, FL 32712**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2207084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALLAMAS, PATRICIA J.
2911 ROCK SPRINGS ROAD
APOPKA, FL 32712**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MALLAMAS, PATICIA J.
STREET ADDRESS	2911 ROCK SPRINGS RD
CITY - ST - ZIP	APOPKA, FL 32712

TITLE	VP
NAME	MALLAMAS, R.M.
STREET ADDRESS	31240 ORANGE ST
CITY - ST - ZIP	SORRENTO, FL 32776

TITLE	ST
NAME	KAISER, SHARI
STREET ADDRESS	29744 SR 46
CITY - ST - ZIP	SORRENTO, FL 32776

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/27/08-80092-013 150.00

**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: *Patricia J. Mallamas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08
Date

407-889-0998
Daytime Phone #