

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 13, 2009
Secretary of State**

DOCUMENT# F96000002733

Entity Name: ROBERT O. MAHLMAN, INC.

Current Principal Place of Business:

2740 HARVEST DR
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

2740 HARVEST DR
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 13-2964851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHLMAN, NANCY D
2740 HARVEST DR
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: MAHLMAN, ROBERT O
Address: 2740 HARVEST DR
City-St-Zip: SARASOTA, FL 34240

Title: VST () Delete
Name: MAHLMAN, NANCY D
Address: 2740 HARVEST DR
City-St-Zip: SARASOTA, FL 34240

Title: DC () Delete
Name: MAHLMAN, NANCY D
Address: 2740 NACOEEST DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: MAHLMAN, ROBERT W
Address: 4 MIDLAND GARDENS
City-St-Zip: BRONXVILLE, NY 10708

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:

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: NANCY D. MAHALMAN

SECR

04/13/2009

Electronic Signature of Signing Officer or Director

Date