

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90157 047 \*\*\*150.00

**DOCUMENT # G13786**

1. Entity Name  
**MALLOY FARMS, INC.**



Principal Place of Business  
**HIGHWAY 71, SOUTH  
MARIANNA, FL 32446**

Mailing Address  
**P.O. BOX 168  
MARIANA, FL 32447**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2338668**

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

**MALLOY, WAYNE  
3337 BEVIA RD  
MARIANNA, FL 32446**

Name  
**Malloy, JoAnn**  
Street Address (P.O. Box Number is Not Acceptable)  
**3337 Bevia Road**  
City  
**Marianna** FL Zip Code  
**32446**

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 **JoAnn Malloy P**

**JoAnn Malloy**

**4/21/06**

Signature (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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  
**PD  
MALLOY, WAYNE  
2099 HWY 71  
MARIANNA, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
Malloy, JoAnn  
3337 Bevia Road  
Marianna, FL 32446** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

TITLE  
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TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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: **JoAnn Malloy** **JoAnn Malloy**

**4/21/06**

**850-482-5196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #