

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90041 042 ***150.00

DOCUMENT # H07705

1. Entity Name

MAHON & FARLEY, P.A.



Principal Place of Business

% HARRY B. MAHON
350 EAST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address

% HARRY B. MAHON
350 EAST ADAMS STREET
JACKSONVILLE FL 32202

34026308



MOORE CR2E034 (11/03)

2. Principal Place of Business

c/o Joseph S. Farley, Jr.

3. Mailing Address

c/o Joseph S. Farley, Jr.

Suite, Apt. #, etc.

350 East Adams Street

Suite, Apt. #, etc.

350 East Adams Street

City & State

Jacksonville, FL 32202

City & State

Jacksonville, FL 32202

Zip

Country

Zip

Country

4. FEI Number

59-2419813

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

MAHON, HARRY B.
350 EAST ADAMS STREET
JACKSONVILLE FL 32202

Name

Joseph S. Farley, Jr.

Street Address (P.O. Box Number is Not Acceptable)

350 East Adams Street

City

Jacksonville

FL

Zip Code
32202

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

Joseph S. Farley, Jr.
Signature, typed or printed name of registered agent and fee if applicable

Secretary
(NOTE: Registered Agent signature required when reinstating)

3/4/04
DATE

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	P	<input checked="" type="checkbox"/> Delete
NAME	MAHON, HARRY B.	
STREET ADDRESS	350 EAST ADAMS STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARLEY, JR., JOSEPH S.	
STREET ADDRESS	350 EAST ADAMS STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph S. Farley, Jr.	
STREET ADDRESS	350 East Adams Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph S. Farley, Jr.

Joseph S. Farley, Jr.

03/04/04

904 354-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #