

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90026 040 ***150.00

DOCUMENT # H91938

1. Entity Name

MALONEY HOLDING COMPANY, INC.



Principal Place of Business

**4084 HALIFAX DRIVE
PORT ORANGE FL 32127
US**

Mailing Address

**4084 HALIFAX DRIVE
PORT ORANGE FL 32127
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-2617243**

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

**MALONEY, DALE
5440 DUBOIS AVE
PORT ORANGE FL 32127**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **PVP** ☐ Delete
NAME **MALONEY, DALE**
STREET ADDRESS **4084 HALIFAX DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **ST** ☐ Delete
NAME **MALONEY, JUDY**
STREET ADDRESS **4084 HALIFAX DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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:

Dale Maloney

PRESIDENT

DALE MALONEY

7-18-05

387689668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT #91938
50056511
SHANNON FUNERAL HOME

4084 Halifax Drive
Port Orange, Florida 32127

(386) 760-9660
Fax (386) 760-9688

JULY 18, 2005

TO WHOM IT MAY CONCERN
I DID NOT RECEIVE A NOTICE
BEFORE MAY 2005 TO PAY
MY FILE FEE AS I ALWAYS
PAY ON TIME THANK YOU
Dale malony
President malony Holding corp
DALE MAZONER