

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M79010 1. Entity Name JEFFREY K. MALLEY, INC.	
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Principal Place of Business 11700 ISLAND LAKES LANE BOCA RATON, FL 33498 US	Mailing Address PO BOX 880147 BOCA RATON, FL 33488-0147 US
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DO NOT WRITE IN THIS SPACE



01240005 No Chg-P CR2ED34 (10/03)

4. FEI Number 65-0044088	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**MALLEY, JEFFREY K
11700 ISLAND LAKES LANE
BOCA RATON, FL 33498**

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renewing)	DATE
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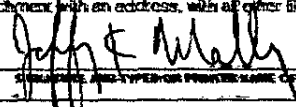
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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TO: OFFICERS AND DIRECTORS	
NAME D MALLEY, JEFFREY K.	
STREET ADDRESS 11700 ISLAND LAKES LANE	
CITY-STATE-ZIP BOCA RATON, FL 33498	
TITLE NAME	
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	
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TITLE NAME	
STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

U00000296833
04/11/05-80003-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	JEFFREY K. MALLEY	3-18-05	561-487-6936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Day	Month	Daytime Phone #