

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003638

FILED
Apr 30, 2009
Secretary of State

Entity Name: MALFUNCTION JUNCTION INC.

Current Principal Place of Business:

2915 S. PALMETTO AVE.
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2915 S. PALMETTO AVE.
SANFORD, FL 32773

New Mailing Address:

FEI Number: 26-3158059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, TIMOTHY A
2915 S. PALMETTO AVE.
SANFORD, FL 32773 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: D () Delete
Name: HICKEY, TIMOTHY A
Address: 2915 S. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: MANTUANO, ANN
Address: 2433 CEDAR AVE.
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: JONES, JOHN
Address: 115 LONGWOOD DR
City-St-Zip: OSTEEN, FL 32764

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM HICKEY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date