

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000073763

4. Entity Name
MAHOGANY FINANCIAL SERVICES, INC.



Principal Place of Business
1517 MISSISSIPPI C
DAYTONA BEACH, FL 32114

Mailing Address
184 WESTWOOD DRIVE
DAYTONA BEACH, FL 32119



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3669940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALLON, FARON L
184 WESTWOOD DRIVE
DAYTONA BEACH, FL 32119

**DO NOT WRITE
IN THIS SPACE**

6. 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 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

000001511962
04/23/06 80072-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLON, FARON
STREET ADDRESS	184 WESTWOOD DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	VP
NAME	GALLON, KATHRYN
STREET ADDRESS	184 WESTWOOD DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Faron Gallon **Faron Gallon** 4/15/06 386453865