

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90024 024 ***150.00

DOCUMENT # P00000110496

1. Entity Name

MALONEY VENTURES, INC.



Principal Place of Business

**860 US HIGHWAY ONE
108
NORTH PALM BEACH FL 33408**

Mailing Address

**860 US HIGHWAY ONE
108
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

138 TURTLE CREEK DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA FL

City & State

TEQUESTA FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

65-1062204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HILLEY, V DONALD
HILLEY & WYANT-CORTEZ, P.A.
860 US HIGHWAY ONE, SUITE 108
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name

JOHN E. MALONEY

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

138 TURTLE CREEK DR.

City

TEQUESTA

FL

Zip Code

33469

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

John E. Maloney

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

(NOTE: Registered Agent signature required when reinstating)

2-4-04

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 ☐ Delete
NAME **D MALONEY, JOHN**
STREET ADDRESS **138 TURTLE CREEK DR**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
NAME **D MALONEY, SUSAN**
STREET ADDRESS **138 TURTLE CREEK DR**
CITY-ST-ZIP **TEQUESTA FL 33469**

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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TITLE ☐ Change ☐ 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:

John E. Maloney Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. MALONEY
2-4-04 561-746-1715
Date Daytime Phone #