

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 005 ***150.00

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1. Entity Name
MALABAR RV SUPPLY INC.



Principal Place of Business
1050 US HWY 1
MALABAR, FL 32950

Mailing Address
1050 US HWY 1
MALABAR, FL 32950



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3714755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLALY, DONNA E
1050 US HWY 1
MALABAR, FL 32950

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLALY, KEVIN M
STREET ADDRESS	2986 REDGROVE DR. NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D
NAME	MULLALY, DONNA E
STREET ADDRESS	2986 REDGROVE DR. NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Corporation did not
receive information
for annual report.
Called for information
and was told to
check ~~the~~ box on form
to say I did not receive
renewal. Can't find
the box I'm suppose to
check. was told to
mail just the \$150.00 fee

12. I hereby certify that the information supplied with this filing does not qualify for the e indicated on this report or supplemental report is true and accurate and that my sig of the corporation or the receiver or trustee empowered to execute this report as re changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna E. Mullaly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna E. Mullaly

Date

7-13-04 321-728-4460
Daytime Phone #