## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 14, 2005 08:00 AM **DOCUMENT # P01000039208 Secretary of State** MALABAR RV SUPPLY INC. Mailing Address Principal Place of Business 1050 US HWY 1 1050 US HWY 1 MALABAR, FL 32950 MALABAR, FL 32950 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3714755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MULLALY, DONNA E 1050 US HWY 1 MALABAR, FL 32950 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !\$ \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 11000000728233 OFFICERS AND DIRECTORS 10. 02/14/05-80070-022 150.00 TITLE MULLALY, KEVIN M NAME 2986 REDGROVE DR. NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 TETT NAME MULLALY, DONNA E 2986 REDGROVE DR. NE STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32905 NAME STREET ADDRESS DO NOT WRITE CTTY~ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CNY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE:

Death Typed on PRINTED NAME OF SIGNING OFFICER PROTECTOR

Death Typed on Printed NAME OF SIGNING OFFICER PROTECTOR

CITY-ST-ZIP