

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90060 047 \*\*\*150.00

DOCUMENT # P01000110251

1. Entity Name  
THOMAS P. MALONE, PA



Principal Place of Business  
37 NORTH ORANGE  
SUITE 500  
ORLANDO, FL 32801

Mailing Address  
PO BOX 1151  
ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #  
100 E. PINE ST.

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 203

Suite, Apt. #, etc.

City & State  
ORLANDO FL

City & State

02062008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3757162

Applied For  
Not Applicable

Zip  
32801

Country  
USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

MALONE, THOMAS P  
37 NORTH ORANGE  
STE 500  
ORLANDO, FL 32801

## 7. Name and Address of New Registered Agent

Name

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

100 E. PINE STREET, SUITE 203

City  
ORLANDO

FL

Zip Code  
32801

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 *Thomas P. Malone*

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

(NOTE: Registered Agent signature required when reinstating)

Feb 7, 2008

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MALONE, THOMAS P  
37 NORTH ORANGE #500  
ORLANDO, FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
100 E. PINE STREET, SUITE 203  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: *Thomas P. Malone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2008 (407) 872-7888

Date

Daytime Phone #