2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000114888

1. Entity Name

MAHONEY COFFEE SERVICE, INC.



Principal Place of Business

1617 SOUTH TUTTLE AVENUE

SUITE 2A

SARASOTA, FL 34239 US

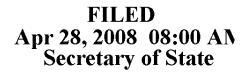
Mailing Address

C/O TED DUNN, CPA 1617 S. TUTTLE AVE.

SUITE 2A

DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34239





04232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 42-1557054

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, TED 1617 S. TUTTLE AVE. SUITE 2A SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

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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).				e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, BRIAN D 285 WEST SEMINOLE DRIVE VENICE, FL 34293				U00000926935 05/20/08-80086-009 150.00
TITLE NAME STREET ADDRESS CITY-S1-2IP	VP FRANK, HOWELL 361 AVENIDA LEONA SARASOTA, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T DUNN, TED 1617 S. TUTTLE AVE. SUITE 2A SARASOTA, FL 34239			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREGOREK, RANDAL 3220 SALEM AVE SARASOTA, FL 34232		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR