


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000114888</b>		
1. Entity Name <b>MAHONEY COFFEE SERVICE, INC.</b>		
Principal Place of Business <b>1617 SOUTH TUTTLE AVENUE SUITE 2A SARASOTA, FL 34239 US</b>	Mailing Address <b>C/O TED DUNN, CPA 1617 S. TUTTLE AVE. SUITE 2A SARASOTA, FL 34239</b>	



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1557054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DUNN, TED 1617 S. TUTTLE AVE. SUITE 2A SARASOTA, FL 34239</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAHONEY, BRIAN D 285 WEST SEMINOLE DRIVE VENICE, FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FRANK, HOWELL 361 AVENIDA LEONA SARASOTA, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S,T DUNN, TED 1617 S. TUTTLE AVE. SUITE 2A SARASOTA, FL 34239</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GREGOREK, RANDAL 3220 SALEM AVE SARASOTA, FL 34232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE  
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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:** *Ted Dunn, Treasurer* **4/28/08 (941) 957-1771**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #