2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000114888

Entity Name: MAHONEY COFFEE SERVICE, INC.

Current Principal Place of Business:

1617 SOUTH TUTTLE AVENUE
SUITE 2A
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

C/O TED DUNN, CPA 1617 S. TUTTLE AVE.
SUITE 2A
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 42-1557054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MAHONEY, BRIAN D	
Address:	285 WEST SEMINOLE DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	VP	( ) Delete
Name:	FRANK, HOWELL	
Address:	361 AVENIDA LEONA	
City-St-Zip:	SARASOTA, FL 34242	
Title:	S,T	( ) Delete
Name:	DUNN, TED	
Address:	1617 S. TUTTLE AVE. SUITE 2A	
City-St-Zip:	SARASOTA, FL 34239	
Title:	S	( ) Delete
Name:	GREGOREK, RANDAL	
Address:	3220 SALEM AVE	
City-St-Zip:	SARASOTA, FL 34232	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED DUNN S/T 04/29/2009

Electronic Signature of Signing Officer or Director — Date