

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029568

FILED  
Sep 01, 2004  
Secretary of State

**Entity Name:** DUVAL MALONE, M. W. S. C., INC.

**Current Principal Place of Business:**

4630 SUNSEX AVE.  
JACKSONVILLE, FL 322108223

**New Principal Place of Business:**

**Current Mailing Address:**

4630 SUNSEX AVE.  
JACKSONVILLE, FL 322108223

**New Mailing Address:**

600 BABRACK ROAD  
NEWNAN, GA 30263 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALPHONSE, EUGENE J  
2018 SMITH ST.  
ORANGE PARK, FL 320735543 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALONE, CATHERINE D  
Address: 4630 SUNSEX AVE.  
City-St-Zip: JACKSONVILLE, FL 322108223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MALONE, CATHERINE D  
Address: 600 BABRACK ROAD  
City-St-Zip: NEWNAN, GA 30263 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHERINE D. MALONE

PD

09/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date