2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90535 012 ***150.00

DOCUMENT # P03000056548

1. Entity Name
A LAW OFFICE OF SAMUEL R. MALLARD, P.A.

Principal Place of Business	Mailing Address
5118 N. 56TH STREET STE. 103 TAMPA, FL 33610	5118 N. 56TH STREET STE. 103 TAMPA, FL 33610

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	16528 N. Dale Mabry Hwy Suite, Apt. #, etc.
City & State	City & State: Tampa, Fl
Zip / Country	Zip: 33618 / Country

4. FEI Number: 59-3648437 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618	Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable): 16528 N. Dale Mabry Hwy City: Tampa FL Zip Code: 33618

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, my position as registered agent.

SIGNATURE: Walter Sanders Walter Sanders 4/28/05
(Signature, name or printed name of registered agent and title if applicable) (Print Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLARD, SAMUEL R 7518 CHAPERON COURT TAMPA, FL 33637	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 4/28/05
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #