


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90104 032 ***150.00

| | |
|--|---|
| DOCUMENT # P03000074663 |  |
| 1. Entity Name BRIAN H. MALLONEE, INC. | |

| | |
|--|--|
| Principal Place of Business 101 SOUTH SECOND STREET SUITE A FORT PIERCE FL 34950 | Mailing Address 101 SOUTH SECOND STREET SUITE A FORT PIERCE FL 34950 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 328 South Second Street Suite, Apt. #, etc. Suite A City & State Fort Pierce, FL Zip 34950 Country USA | 3. Mailing Address 328 South Second Street Suite, Apt. #, etc. Suite A City & State Fort Pierce, FL Zip 34950 Country USA |
|---|---|

1st MOORE CR2E034 (10/04)

| | |
|--|---|
| 4. FEI Number 37-1460329 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MALLONEE, BRIAN H 101 SOUTH SECOND STREET SUITE A FORT PIERCE FL 34950 | |
| 7. Name and Address of New Registered Agent Name Mallonee, Brian H Street Address (P.O. Box Number is Not Acceptable) 328 South Second Street, Suite A City Fort Pierce FL Zip Code 34950 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 IN 11 | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST MALLONEE, BRIAN H 101 SOUTH SECOND STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
4/11/05 772 464 1991
Date Daytime Phone #