

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000086327

1. Entity Name
DENNIS MALLOY & ASSOCIATES, INC.



Principal Place of Business
1142 BAYVIEW LANE
GULF BREEZE, FL 32563

Mailing Address
1142 BAYVIEW LANE
GULF BREEZE, FL 32563



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3686259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALLOY, DENNIS
10 E JORDAN ST
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 Dennis Malloy
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | MALLOY, DENNIS T |
| STREET ADDRESS | 1142 BAYVIEW LANE |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | V |
| NAME | MALLOY, TERESA L |
| STREET ADDRESS | 1142 BAYVIEW LANE |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | S |
| NAME | MALLOY, TERESA L |
| STREET ADDRESS | 1142 BAYVIEW LANE |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | T |
| NAME | MALLOY, TERESA L |
| STREET ADDRESS | 1142 BAYVIEW LANE |
| CITY-ST-ZIP | GULF BREEZE, FL 32563 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

Daytime Phone #