

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90130 031 ***150.00



DOCUMENT # P03000091192

1. Entity Name

MALLARD SYSTEMS INC.

Principal Place of Business
 265 HUNT PARK COVE
 LONGWOOD FL 32750

Mailing Address
 4148 AUGHTON CT.
 WINTER SPRINGS FL 32708



2. Principal Place of Business

1036 E. Pebble Beach Cir

3. Mailing Address

1036 E. Pebble Beach Cir.

1st MOORE CR2E034 (10/04)

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS FL

4. FEI Number

55-0844080

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

32708

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOCKYER, ALFRED SR.
 4148 AUGHTON CT
 WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-05

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	LOCKYER, ALFRED SR.	265 HUNT PARK COVE	LONGWOOD FL 32750	<input type="checkbox"/>
		<i>1036 E. Pebble Beach Cir</i>	<i>WINTER SPRINGS, FL</i>	<input type="checkbox"/>
			<i>32708</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Alfred Lockyer Sr.* **ALFRED LOCKYER SR.** *4-5-05* **4-5-05** *407-310-4640* **407-310-4640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #