


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90023 037 ***150.00

DOCUMENT # P03000096215	
1. Entity Name CHRIS MALONI INC.	

Principal Place of Business 4617 MEADOWVIEW RD MARIANNA FL 32446	Mailing Address 4617 MEADOWVIEW RD MARIANNA FL 32446
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2. Principal Place of Business - No P.O. Box # same	3. Mailing Address 4415-C Constitution Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 105

1st MOORE CR2E034 (10/07)

City & State Marianna FL	4. FEI Number 30-0184199	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32448	Country Jackson	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MALONI, CHRIS 4617 MEADOWVIEW RD MARIANNA FL 32446		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D MALONI, CHRIS 4617 MEADOWVIEW RD MARIANNA FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date _____ Daytime Phone # _____