

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000146371	
1. Entity Name BRIAN MAHONE, INC.	

Principal Place of Business 1938 SW BILTMORE ST PORT SAINT LUCIE, FL 34984 US	Mailing Address 1938 SW BILTMORE ST PORT SAINT LUCIE, FL 34984 US
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DO NOT WRITE IN THIS SPACE



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0488863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACCESS ACCOUNTING, INC.
 432 SW LAKEHURST DR
 PORT SAINT LUCIE, FL 34983-2825

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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) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	P MAHONE, BRIAN 1938 SW BILTMORE ST PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHONE, BRIAN 1938 SW BILTMORE ST PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000572431
07/27/06-80006-011 550.00

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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: Brian Mahone 7/24/06 772 785 8563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #