

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90078 004 \*\*\*550.00

DOCUMENT # P04000166474

1. Entity Name  
MALLORY-CULPEPPER-CHRISTODOLUS INC



Principal Place of Business

6802 DERWENT CIRCLE  
PENSACOLA, FL 32506 US

Mailing Address

6802 DERWENT CIRCLE  
PENSACOLA, FL 32506 US

30061497



2. Principal Place of Business

3. Mailing Address

08022005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

202030127

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLORY, RHONDA G  
6802 DERWENT CIRCLE  
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name

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

6802 DERWENT CIRCLE

PENSACOLA

City

FL

32506

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PRES MALLORY, RHONDA G	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6802 DERWENT CIRCLE PENSACOLA, FL 32506	
TITLE NAME	SEC CHRISTODOLUS, NICHOLAS P SR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6802 DERWENT CIRCLE PENSACOLA, FL 32506	
TITLE NAME	TREA CULPEPPER, NATASHA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6802 DERWENT CIRCLE PENSACOLA, FL 32506	
TITLE NAME	V CHRISTODOLUS, NICHOLAS P JR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6802 DERWENT CIRCLE PENSACOLA, FL 32506	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<del>PRES</del> <del>RHONDA G. MALLORY</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<del>6802 DERWENT CIRCLE</del> <del>PENSACOLA</del>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: RHONDA MALLORY 8/11/05  
DATE: 8/11/05