


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000068332

1. Entity Name
MALONE'S HOMETOWN TAVERN, INC.



Principal Place of Business Mailing Address

**1662 SOUTH NOVA RD
 DAYTONA BEACH, FL 32119** **1662 SOUTH NOVA RD
 DAYTONA BEACH, FL 32119**

DO NOT WRITE IN THIS SPACE



09032007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1929942	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

**FOSTER, WALTER E III
 215 SOUTH PALMETTO AVE
 DAYTONA BEACH, FL 32114**

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000773234
 09/05/07 08006 023 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALONE, LADDY 354 BRIDLE PATH LANE ORMOND BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUNGERSON, SUSAN 354 BRIDLE PATH LANE ORMOND BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Laddy C. Malone* 8-31-07 386-547-6179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #