

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105348

FILED
Apr 14, 2008
Secretary of State

Entity Name: MOLLY MAGEE ENTERPRISES, INC.

Current Principal Place of Business:

1070 EISENHOWER DRIVE
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66
LAUREL, FL 34272 US

New Mailing Address:

FEI Number: 26-1131829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, GREGORY C
341 W VENICE AVENUE
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: O'BRIEN, DONNA-MARIE
Address: P.O. BOX 66
City-St-Zip: LAUREL, FL 34272

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'BRIEN, DONNA-MARIE
Address: P.O. BOX 66
City-St-Zip: LAUREL, FL 34272

Title: VP () Change (X) Addition
Name: O'BRIEN, DANIEL A
Address: 102 VALLEY ROAD
City-St-Zip: BARRE, MA 01005 US

Title: S () Change (X) Addition
Name: RICH, SHIRLEY A
Address: 1070 EISENHOWER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

Title: T () Change (X) Addition
Name: RICH, HERBERT H
Address: 1070 EISENHOWER DRIVE
City-St-Zip: NOKOMIS, FL 34275 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA-MARIE O'BRIEN

P

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date