

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000105348

Entity Name: MOLLY MAGEE ENTERPRISES, INC.

FILED  
Apr 20, 2009  
Secretary of State

VOID

## Current Principal Place of Business:

151 N. TAMIAMI TRAIL  
OSPREY, FL 34229 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 66  
LAUREL, FL 34272 US

## New Mailing Address:

1070 EISENHOWER DRIVE  
NOKOMIS, FL 34275 US

FEI Number: 26-1131829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONNA-MARIE, O'BRIEN  
1070 EISENHOWER DRIVE  
NOKOMIS, FL 34275 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

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: O'BRIEN, DONNA-MARIE  
Address: 1070 EISENHOWER DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

\*\*\*Filing Abandoned, posted in error\*\*\*

MEM

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

04/20/2009

Electronic Signature of Signing Officer or Director

Date