

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127655

Entity Name: MALLORY & MCCALL INC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

4915 RATTLESNAKE HAMMOCK RD
SUITE #139
NAPLES, FL 34113

New Principal Place of Business:

4915 RATTLESNAKE HAMMOCK RD #139
NAPLES, FL 34113

Current Mailing Address:

4915 RATTLESNAKE HAMMOCK RD
SUITE #139
NAPLES, FL 34113

New Mailing Address:

4915 RATTLESNAKE HAMMOCK RD #139
NAPLES, FL 34113

FEI Number: 26-1483901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINKMAN, BOB
4915 RATTLESNAKE HAMMOCK RD
SUITE #139
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

BRINKMAN, BOB
362 PINEHURST CIRCLE
NAPLES, FL 34113 US

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: BOB BRINKMAN

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GELLER, MALLORY
Address: 4915 RATTLESNAKE HAMMOCK RD #139
City-St-Zip: NAPLES, FL 34113 US

Title: VP () Delete
Name: MCCALL GELLER, JAN
Address: 4915 RATTLESNAKE HAMMOCK RD #139
City-St-Zip: NAPLES, FL 34113 US

Title: TMP () Delete
Name: BRINKMAN, BOB
Address: 4915 RATTLESNAKE HAMMOCK RD #139
City-St-Zip: NAPLES, FL 34113 US

Title: S () Delete
Name: BRINKMAN, JENNIFER
Address: 4915 RATTLESNAKE HAMMOCK RD #139
City-St-Zip: NAPLES, FL 34113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BOB BRINKMAN

TMP

04/10/2009

Electronic Signature of Signing Officer or Director

Date