

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11203

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** E. CORNELL MALONE CORPORATION

**Current Principal Place of Business:**

439 DORY STREET  
JACKSON, MS 39201 US

**New Principal Place of Business:**

**Current Mailing Address:**

439 DORY STREET  
JACKSON, MS 39201 US

**New Mailing Address:**

#1 COMMERCE DRIVE, SUITE 200  
HATTIESBURG, MS 39402 US

**FEI Number:** 64-0677155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

E C MALONE, LLC  
2550 N. PALAFOX STREET  
PENSACOLA, FL 32501 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: PD  
Name: MALONE, CORNELL E  
Address: 439 DORY STREET  
City-St-Zip: JACKSON, MS 39201

Title: VP  
Name: MALONE, ROMAN  
Address: 439 DORY STREET  
City-St-Zip: JACKSON, MS 39201

Title: T  
Name: MALONE, RYAN  
Address: 439 DORY STREET  
City-St-Zip: JACKSON, MS 39201

Title: S  
Name: MALONE, OLIVIA R  
Address: #1 COMMERCE DRIVE, SUITE 200  
City-St-Zip: HATTIESBURG, MS 39402

I hereby 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 all other like empowered.

SIGNATURE: E. CORNELL MALONE

PRES

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date