

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90019 010 ***150.00

DOCUMENT # P24577

1. Entity Name
MALONE'S QUALITY SERVICE, INC.



Principal Place of Business
**22780 N US HWY 441
MICANOPY, FL 32667 US**

Mailing Address
**22780 N US HWY 441
MICANOPY, FL 32667 US**

50005641



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05122008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2917346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALONE, CLIFTON TRUMAN
22780 NORTH US HWY 441
MICANOPY, FL 32667**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 completing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MALONE, CLIFTON T.
22780 N US HWY 441
MICANOPY, FL 32667** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MALONE, TIMOTHY WAYNE
905 BRANTLEY DR
LONGWOOD, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Clifton T. Malone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exhibit

Daytime Phone #

5-19-08 (352) 591-0992

0011 (352) 895-4545

ATTACHMENT

50005641

FLORIDA DEPARTMENT OF STATE
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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number P24577

Business Entity Name MALONE'S QUALITY SERVICE, INC.

Original File Date 06/01/1989

FEI Number 59-2917346

Principal Address 22780 N US HWY 441
MICANOPY, FL 32667 US

Mailing Address 22780 N US HWY 441
MICANOPY, FL 32667 US

Registered Agent MALONE, CLIFTON TRUMAN
22780 NORTH US HWY 441
MICANOPY, FL 32667 US

Officer/Director Name And Address

PTD
MALONE, CLIFTON T.
22780 N US HWY 441
MICANOPY, FL 32667

VSD
MALONE, TIMOTHY WAYNE
905 BRANTLEY DR R.D. Box 3787
LONGWOOD, FL FLORIDA, FL.
33944

Clifton T. Malone
If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes

*would not
let me in
on computer*