

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000068768

Entity Name: W.L. MALONE ENTERPRISES, INC.

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8001 SURF DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

8001 SURF DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

FEI Number: 59-3283471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MYERS, DEBRA C. C CPA  
P. O. BOX 874  
LYNN HAVEN, FL 32444 US

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

MYERS, DEBRA C. C CPA  
508 CARRIE LANE  
LYNN HAVEN, FL 32444 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MALONE, W. L.  
Address: 8001 SURF DR  
City-St-Zip: PANAMA CITY, FL 32408

Title: VP  
Name: MALONE, JANICE  
Address: 8001 SURF DR  
City-St-Zip: PANAMA CITY, FL 32408

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: W. L. MALONE

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

PRES

06/20/2011

\_\_\_\_\_  
Date