

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90754 009 \*\*\*150.00

**DOCUMENT # P95000013039**

1. Entity Name

**MALLE HOMES, INC.**



Principal Place of Business

**2200 BLACKWOOD DRIVE  
VENICE FL 34293  
US**

Mailing Address

**2200 BLACKWOOD DRIVE  
VENICE FL 34293**

2. Principal Place of Business

**31 Cocoanut Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**31 Cocoanut Avenue**

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

**Englewood, FL**

City & State

**Englewood, FL**

4. FEI Number

**59-0155622**

Applied For

Not Applicable

Zip

**34223**

Country

**Sarasotta**

Zip

**34223**

Country

**Sarasotta**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALLE, ROBERT E  
2200 BLACKWOOD DRIVE  
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name **Robert R. Malle, Sr.**

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

**31 Cocoanut Avenue**

City

**Englewood**

**FL**

Zip Code  
**34223**

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

*Robert R. Malle Sr.*  
**Robert R. Malle Sr.**

*Patricia L. Malle, Sr.*  
**Patricia L. Malle, Sr.**

DATE

**4/26/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete  
NAME **MALLE, ROBERT E**  
STREET ADDRESS **2200 BLACKWOOD DRIVE**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **VPSD** ☒ Delete  
NAME **MALLE, SR, ROBERT R**  
STREET ADDRESS **31 COCONUT AVENUE**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **T** ☒ Delete  
NAME **MALLE, MERIETA A**  
STREET ADDRESS **2200 BLACKWOOD DR**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **Malle, Sr., Robert R.**  
STREET ADDRESS **31 Coconut Avenue**  
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Vice-President** ☒ Change ☐ Addition  
NAME **Malle, Jr., Robert R.**  
STREET ADDRESS **445 Grant Road**  
CITY-ST-ZIP **Venice, FL 34293**

TITLE **Secretary** ☒ Change ☒ Addition  
NAME **Malle, Patricia L.**  
STREET ADDRESS **31 Cocoanut Avenue**  
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Malle, Patricia L.**  
STREET ADDRESS **31 Cocoanut Avenue**  
CITY-ST-ZIP **Englewood, FL 34223**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Robert R. Malle Sr.*  
**Robert R. Malle Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-497-1197**