

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067281

FILED
Jan 15, 2008
Secretary of State

Entity Name: MALLARD CONSULTING COMPANY

Current Principal Place of Business:

6756 TROUT RIVER BOULEVARD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6756 TROUT RIVER BOULEVARD
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3331002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLARD, JUANITA VP
6756 TROUT RIVER BLVD.
JACKSONVILLE, FL 32219 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALLARD, RICHARD E
Address: 6756 TROUT RIVER BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32219

Title: VPS () Delete
Name: MALLARD, JUANITA
Address: 6756 TROUT RIVER BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: BENNETT, JOHN M
Address: 2195 CR 119
City-St-Zip: BRYCEVILLE, FL 32009

Title: D () Delete
Name: MALLARD, RICHARD E
Address: 6756 TROUT RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: MALLARD, JUANITA
Address: 6756 TROUT RIVER BLVD.
City-St-Zip: JACKSONVILLE, FL 32219

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:

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: JUANITA MALLARD

VP

01/15/2008

Electronic Signature of Signing Officer or Director

Date