

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000070906

Entity Name: MALLARD, INC.

FILED  
Jun 29, 2009  
Secretary of State

## Current Principal Place of Business:

3296 MAIN STREET  
COTTONDALE, FL 32431

## New Principal Place of Business:

## Current Mailing Address:

3296 MAIN STREET  
COTTONDALE, FL 32431

## New Mailing Address:

FEI Number: 59-3396131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PETERS, TINA M  
3296 MAIN STREET  
COTTONDALE, FL 32431 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: PSD ( ) Delete  
Name: PETERS, TINA M  
Address: 3296 MAIN STREET  
City-St-Zip: COTTONDALE, FL 32431

Title: VTD ( ) Delete  
Name: CLARK, MAURA  
Address: 10801 N NEWPORT AVE  
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete  
Name: BISHOP, GARY P.E.  
Address: 3296 MAIN STREET  
City-St-Zip: COTTONDALE, FL 32431

Title: S ( ) Delete  
Name: LOWERY, JULIE SECRETA  
Address: 3296 MAIN STREET  
City-St-Zip: COTTONDALE, FL 32431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KRABBE, JOHN L P.E.  
Address: 10801 N. NEWPORT AVENUE  
City-St-Zip: TAMPA, FL 33612

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: JULIE LOWERY

S

06/29/2009

Electronic Signature of Signing Officer or Director

Date