

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000075846
 1. Entity Name
 JAMES W. O'MALLEY SALES, INC.



Principal Place of Business 10325 KITTEN TRAIL HUDSON, FL 34669	Mailing Address 10325 KITTEN TRAIL HUDSON, FL 34669
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3474216	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 O'MALLEY, JAMES W
 10325 KITTEN TRAIL
 HUDSON, FL 34669

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, JAMES W 10325 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MALLEY, LORI 10325 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/08-80001-014 150.00

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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: *James O'Malley* *Lori Ann O'Malley* 2/24/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #