

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106597

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** MALONE ACCOUNTING, INC.

**Current Principal Place of Business:**

4973 APACHE AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

4973 APACHE AVE.  
JACKSONVILLE, FL 32210 US

**Current Mailing Address:**

4973 APACHE AVE.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

4973 APACHE AVE.  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3554990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALONE, WILLIAM W  
4973 APACHE AVENUE  
JACKSONVILLE, FL 322108300 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: D  
Name: MALONE, WILLIAM W  
Address: 4973 APACHE AVENUE  
City-St-Zip: JACKSONVILLE, FL 322108300

Title: D  
Name: MALONE, MARTHA M  
Address: 4973 APACHE AVENUE  
City-St-Zip: JACKSONVILLE, FL 322108300

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: MARTHA M MALONE

D

03/22/2012

Electronic Signature of Signing Officer or Director

Date