

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000002733

**Entity Name:** ROBERT O. MAHLMAN, INC.

**Current Principal Place of Business:**

919 POSADAS W  
VENICE, FL 34285

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC7867406156**

**Current Mailing Address:**

919 POSADAS W  
VENICE, FL 34285 US

**FEI Number: 13-2964851**

**Certificate of Status Desired: No**

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

MAHLMAN, NANCY D  
919 POSADAS W  
VENICE, FL 34285 US

*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

**Officer/Director Detail :**

Title PDC  
Name MAHLMAN, ROBERT O  
Address 919 POSADAS W  
City-State-Zip: VENICE FL 34285

Title VST  
Name MAHLMAN, NANCY D  
Address 919 POSADAS W  
City-State-Zip: VENICE FL 34285

Title DC  
Name MAHLMAN, NANCY D  
Address 919 POSADAS W  
City-State-Zip: VENICE FL 34285

Title D  
Name MAHLMAN, ROBERT W  
Address 4 MIDLAND GARDENS  
City-State-Zip: BRONXVILLE NY 10708

*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: NANCY D. MAHLMAN**

**SECRETARY/TREASURER 02/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date