

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1-075

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -9 PM 3:36




DOCUMENT # 437114
1. Entity Name
MAHAFFEY AGENCY, INC

Principal Place of Business Mailing Address
15 N STEWART STREET **PO BOX 820**
QUINCY, FL 32351 US **QUINCY, FL 32353**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


01122004 Chg-P CR2E034 (10/03)
4. FEI Number
59-1484985 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MAHAFFEY, WILLIAM W
723 N BELLAMY DR
QUINCY, FL 32351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHAFFEY, WILLIAM W	
STREET ADDRESS	723 N BELLAMY DR	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300026969683	
CITY-ST-ZIP	01/14/04--01065--013 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *See Attachment* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2015



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Business Entity Name

MAHAFFEY AGENCY, INC

FEI Number

591484985

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Principal Place of Business

Address

15 N STEWART STREET

Suite, Apt. #, etc.

City, State

QUINCY FL

Zip Code & Country

32351 US

Mailing Address

Address

15 North Stewart Street

Suite, Apt. #, etc.

City, State

QUINCY FL

Zip Code & Country

32351

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MAHAFFEY WILLIAM W

-or- RA Business Name

Address

723 N BELLAMY DR

Suite, Apt. #, etc.

City, State

QUINCY FL

Zip Code & Country

32351 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

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Registered Agent Signature

[Handwritten Signature]

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Business Entity Name

MAHAFFEY AGENCY, INC

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

4/15

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature *William W. Mahaffey*