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Secretary of State

07-07-2006 90003 011 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 834132

CORLEY MANUFACTURING COMPANY



2900 CRESENT CIRCLE
% WAYNE HICKS, P.O. BOX 471
CHAFFANOOGA, TN 37407-1322

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CHAFFANOOGA, TN 37407-1322

66022074



07052006 No Chg-P CR2E034 (11/05)

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4. FIF Number
62-0449623
5. Application of Senses (Senses) ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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IN THIS SPACE

8. The undersigned hereby certifies that the information furnished in this report is true and accurate and that the undersigned is a duly authorized officer or director of the corporation or a person authorized to execute this report on behalf of the corporation.

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Certificate Fee
Trust Fund Contribution

\$5.00 May Be
Added to Fees

In accordance with s. 607.19(2)(b), F.S., the
corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	OFFICER
NAME	PROSSER, ROBERT L.
STREET ADDRESS	200 LINCOLN ST.
CITY, STATE, ZIP	ENGLEWOOD, NJ 07630
TITLE	OFFICER
NAME	LANCASTER, AUDREY F.
STREET ADDRESS	2407 CEDAR CREEK DRIVE
CITY, STATE, ZIP	CHAFFANOOGA, TN 37407
TITLE	OFFICER
NAME	CORLEY, A.J., III
STREET ADDRESS	216 FAIRY TRAIL
CITY, STATE, ZIP	LOOKOUT MNT, TN 37757
TITLE	OFFICER
NAME	HICKS, WAYNE
STREET ADDRESS	117 E MEADOWBROOK DR
CITY, STATE, ZIP	CHAFFANOOGA, TN 37407
TITLE	OFFICER
NAME	BOAZ
STREET ADDRESS	1256 MOUNTAIN BROOK LN
CITY, STATE, ZIP	SIGNAL MTN, TN 37377

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Wayne Hicks, Treasurer

7-13-06 (43) 628-0289