## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#834132** 

Entity Name: CORLEY MANUFACTURING COMPANY

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
% WAYNE	SENT CIRCLE E HICKS, P.O. IOOGA, TN 3	BOX 471	% WAYNE HICKS	2900 CRESENT CIRCLE % WAYNE HICKS CHATTANOOGA, TN 374071322	
Current M	lailing Addre	ss:	New Mailing Ad	New Mailing Address:	
% WAYNE	SENT CIRCLE E HICKS, P.O. IOOGA, TN 3	BOX 471			
FEI Number:	: 62-0449623	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
1201 HAYS SUITE 105 TALLAHAS The above	S STREET 5 SSEE, FL 323		rpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agen	t	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( PROSSER, RO 200 LINCOLN ENGLEWOOD	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( LANCASTER, 2 2407 CEDAR ( CHATTANOOG	CREEK DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COBD ( CORLEY, A.J. 216 FAIRY TR LOOKOUT MN	AIL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HICKS, WAYN 117 E MEADO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( BOAZ, 1256 MOUNTA SIGNAL MTN,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FULLER, ROG 2900 CRESCE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WAYNE HICKS T 01/08/2008