


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000002259
 1. Entity Name
MUNDY & SALLEY, INC.



Principal Place of Business 4096 BUSINESS PARK COURT EVANS, GA 30809	Mailing Address P.O. BOX 211534 MARTINEZ, GA 30917
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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1694328	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNDY, ERNEST T 582 TWIN OAK LANE GROVETOWN, GA 30813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALLEY, RICHARD A 1465 CLARY CUT ROAD APPLING, GA 30802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUNDY, SARAH P 582 TWIN OAK LANE GROVETOWN, GA 30813
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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: *Ernest T Mundy* **President** **3/30/05** **(706) 860-4647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #