

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 23, 2007 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



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1694328

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/30/07-80077-021 158.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	MUNDY, ERNEST T
STREET ADDRESS	582 TWIN OAK LANE
CITY-ST-ZIP	GROVETOWN, GA 30813
TITLE	V
NAME	SALLEY, RICHARD A
STREET ADDRESS	1465 CLARY CUT ROAD
CITY-ST-ZIP	APPLING, GA 30802
TITLE	ST
NAME	MUNDY, SARAH P
STREET ADDRESS	582 TWIN OAK LANE
CITY-ST-ZIP	GROVETOWN, GA 30813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a address, with all other like empowered.

SIGNATURE:

V. P.

3/20/07

(706) 860-4647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #