## 2005 FOR PROFIT CORPORATION

## FILED Apr 01, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # F0000004056 1. Entity Name MEDLEY RESTAURANT EQUIPMENT & SUPPLY CO., INC. Mailing Address Principal Place of Business P.O. BOX 328 -424 ROOSEVELT AVENUE ALBANY, GA 31702 ALBANY, GA 31702 CR2E034 (10/03) 01242005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 58-2350993 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION 1200 S PINE ISLAND RD PLANTATION, FL 33324 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 BABARA A. BURKE SPECIAL ASSISTANT SECRETARY (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CAMPBELL, W. DAVID NAME <u>U00000282904</u> STREET ADDRESS 424 ROOSEVELT AVENUE 04/01/05-80004-025 150.00 ALBANY, GA 31702 CITY-ST-ZIP TITLE JACKSON, REED NAME 424 ROOSEVELT AVENUE STREET ADDRESS CITY - ST - ZIP ALBANY, GA 31702 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 employed 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.

STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

W. David Campbell