


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000003131 1. Entity Name PERDUE (MARYLAND HOLDING COMPANY) INCORPORATED	
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Principal Place of Business P.O. BOX 1537 SALISBURY, MD 21802	Mailing Address P.O. BOX 1537 SALISBURY, MD 21802
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0888853	Applied For Not Applicable
5. Certificate of Status Desired <input 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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**DO NOT WRITE
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

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	D PERDUE, FRANKLIN P OLD OCEAN CITY ROAD SALISBURY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURLEY, ROBERT A OLD OCEAN CITY ROAD SALISBURY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORAZSDI, JAMES J 13460 W BIRCHWOOD LANE GALENA, MD 21635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, DEBORAH E 604 W 6TH AVE DENVER, CO 80204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAY, RANDALL M OLD OCEAN CITY ROAD SALISBURY, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEFLIN, ROBERT H OLD OCEAN CITY ROAD SALISBURY, MD

U00000327971
04/25/05-80060-002 150.00

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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)(f), 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: *R. Elaine Barnes* *R. Elaine Barnes* **4-18-05** **(410) 543-3862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #