

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016649

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: MEDIEVAL MANAGEMENT, CORP.

**Current Principal Place of Business:**

5790 N PINE HILLS RD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5790 N PINE HILLS RD  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 59-3544167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MADDOX, HAYWOOD JR  
1358 LAKE ASHER CR  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MADDOX, HAYWOOD JR  
Address: 5790 N PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32810

Title: ST ( ) Delete  
Name: MADDOX, MARY  
Address: 5790 N PINE HILLS RD  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY E. MADDOX

ST

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date