

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016649

Entity Name: MEDIEVAL MANAGEMENT, CORP.

FILED
Jan 09, 2007
Secretary of State

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: PVT (X) Change () Addition
Name: MADDOX, HAYWOOD JR
Address: 5790 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32810

Title: S (X) Change () Addition
Name: MADDOX, MARY
Address: 5790 N PINE HILLS RD
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

S

01/09/2007

Electronic Signature of Signing Officer or Director

Date