


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000087425</b> 1. Entity Name M.D.C. ENTERPRISES, INC.	
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Principal Place of Business PO BOX 1801 DELAND, FL 32721-1801	Mailing Address PO BOX 1801 DELAND, FL 32721-1801
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**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3675248	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

CORLEY, SR., MILTON D  
1211 S. PARSON AVE.  
DELAND, FL 32720

**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. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CORLEY SR, MILTON 1211 S PARSONS AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CORLEY, RUTHA B 1211 S PARSONS AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORLEY, JR., MILTON D 1211 S PARSONS AVENUE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORLEY, MICHAEL D 1211 S PARSONS AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000212171  
02/03/05-80019-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 any other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Jan 05

Date

Daytime Phone # \_\_\_\_\_