


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000087425	
1. Entity Name M.D.C. ENTERPRISES, INC.	

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



04152006 No Chg-P CR2E034 (11/05)

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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000000516362  
05/01/06-80001-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  MILTON D CORLEY DC	15 APR 06 386 2388708
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone</small>