

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
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



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DC
NAME CORLEY SR, MILTON
STREET ADDRESS 1211 S PARSONS AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE PT
NAME CORLEY, RUTHA B
STREET ADDRESS 1211 S PARSONS AVENUE
CITY-ST-ZIP DELAND, FL 32720

TITLE S
NAME CORLEY, JR., MILTON D
STREET ADDRESS 1211 S PARSONS AVENUE
CITY-ST-ZIP DELAND, FL 32720

TITLE V
NAME CORLEY, MICHAEL D
STREET ADDRESS 1211 S PARSONS AVE
CITY-ST-ZIP DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000707952
04/24/07-80094-023 150.00

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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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Milton D Corley MILTON D. CORLEY 4/13/07