

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90240 016 \*\*\*150.00

**DOCUMENT # P04000049849**

1. Entity Name  
**MICHAEL RAY MEDLEY INC.**



Principal Place of Business  
**1158 WILDFLOWER STREET  
LAKE PLACID, FL 33852 US**

Mailing Address  
**1158 WILDFLOWER STREET  
LAKE PLACID, FL 33852 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

003242005 Chg-P CR2E034 (10/03)

4. FEI Number

**01-0810628**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDLEY, MICHAEL R JR.  
1158 WILDFLOWER ST  
LAKE PLACID, FL 33852**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 of agent or person in charge of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | P                     | <input type="checkbox"/> Delete |
| NAME            | MEDLEY, MICHAEL R JR  |                                 |
| STREET ADDRESS  | 1158 WILDFLOWER ST.   |                                 |
| CITY - ST - ZIP | LAKE PLACID, FL 33852 |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |
| TITLE           |                       | <input type="checkbox"/> Delete |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |

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 all other like empowered.

SIGNATURE

*Michael Ray Medley Pres.* 3/28/05 865-446-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #