

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044103

Entity Name: MDL & ASSOCIATES, INC.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

301 N HWY 27
SUITE B
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 7
KILLARNEY, FL 34740

New Principal Place of Business:

301 N HWY 27
SUITE C
CLERMONT, FL 34711

New Mailing Address:

P.O. BOX 121107
CLERMONT, FL 34712

FEI Number: 59-3249012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACEK, DEBRA M
301 N HWY 27
SUITE B
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LACEK, DEBRA M
301 N HWY 27
SUITE C
CLERMONT, FL 34711 US

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: DEBRA M. LACEK

05/04/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LACEK, MARK
Address: P. O. BOX 7
City-St-Zip: KILLARNEY, FL 34740

Title: DVST () Delete
Name: LACEK, DEBRA M
Address: P. O. BOX 7
City-St-Zip: KILLARNEY, FL 34740

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LACEK, MARK
Address: P. O. BOX 121107
City-St-Zip: CLERMONT, FL 34712

Title: DVST (X) Change () Addition
Name: LACEK, DEBRA M
Address: P. O. BOX 121107
City-St-Zip: CLERMONT, FL 34712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA M. LACEK

DVST

05/04/2005

Electronic Signature of Signing Officer or Director

Date