


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90100 034 ***150.00

DOCUMENT # P96000070007

1. Entity Name
C.M. MEDLOCK, INC.



Principal Place of Business
**5137 SCENIC HIGHWAY NORTH, UNIT 38
 LAKE WALES, FL 33853**

Mailing Address
**5137 SCENIC HIGHWAY NORTH, UNIT 38
 LAKE WALES, FL 33853**

50011613



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01282005 Chg-P CR2E034 (10/03)

City & State
LAKE WALES, FL

City & State
LAKE WALES, FL

Zip
33898

Zip
33898

4. FEI Number
59-3395069

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDLOCK, CHARLES M		NAME	
STREET ADDRESS 514 N. WALES DRIVE		STREET ADDRESS	LAKE WALES FL 33898
CITY-ST-ZIP LAKE WALES, FL 33853		CITY-ST-ZIP	
TITLE VPT	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TESLOW, KATHY		NAME	V P
STREET ADDRESS 5137 SCENIC HIGHWAY NORTH, UNIT 38		STREET ADDRESS	LAKE WALES FL 33898
CITY-ST-ZIP LAKE WALES, FL 33853		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DT
STREET ADDRESS		STREET ADDRESS	TESLOW, DONALD.
CITY-ST-ZIP		CITY-ST-ZIP	5137 SCENIC HWY NORTH, UNIT 38
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Kathy Teslow - KATHY TESLOW V.P. Date: 2-2-05 (1863) Daytime Phone #: 439-4534