


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90258 050 ***150.00

DOCUMENT # P96000070007

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



Principal Place of Business
**5137 SCENIC HIGHWAY NORTH, UNIT 38
 LAKE WALES, FL 33898**

Mailing Address
**5137 SCENIC HIGHWAY NORTH, UNIT 38
 LAKE WALES, FL 33898**

50000075



2. Principal Place of Business - No P.O. Box #
524 N. WALES DR

3. Mailing Address
524 N. WALES DR

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
LAKE WALES FL

City & State
LAKE WALES FL

Zip
33853 Country

Zip
33853 Country

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		7. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		Name CHARLES M MEDLOCK Street Address (P.O. Box Number is Not Acceptable) 514 N. WALES DR City LAKE WALES FL Zip Code 33898	

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 *Charles M. Medlock* DATE 1-11-07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete MEDLOCK, CHARLES M 514 N. WALES DRIVE LAKE WALES, FL 33898	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input checked="" type="checkbox"/> Delete TESLOW, KATHY 5137 SCENIC HIGHWAY NORTH, UNIT 38 LAKE WALES, FL 33898	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	<input checked="" type="checkbox"/> Delete TESLOW, DONALD 5137 SCENIC HWY NORTH, UNIT 38 LAKE WALES, FL 33898	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Charles M. Medlock* DATE 1-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #