

2005 FOR PROFIT CORPORATION ANNUAL REPORT

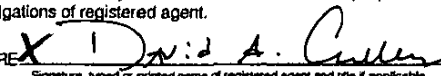
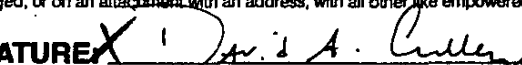
FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90178 012 ***150.00

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01292005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000004190					
1. Entity Name D. A. CULLEY & ASSOCIATES, INC.					
Principal Place of Business 1450 NORTH U.S. 1 STE 600 ORMOND BEACH, FL 32174			Mailing Address 1450 NORTH U.S. 1 STE 600 ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 1453 N US Hwy 1 #29			Suite, Apt. #, etc. 1453 N US Hwy 1 #29		
City & State ORMOND BEACH, FL			City & State ORMOND BEACH, FL		
Zip 32174-0701		Country USA	Zip 32174-0701		Country USA
4. FEI Number 59-3422665			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CULLEY, DAVID A 1450 NORTH U.S. 1 STE 600 ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Culley, David A Street Address (P.O. Box Number is Not Acceptable) 1453 N US Hwy 1 #29 City ORMOND BEACH FL Zip 32174-0701		
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  DATE 4-27-05 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	DP CULLEY, DAVID A 1450 NORTH U.S. 1, STE 600 ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1453 N US Hwy 1 #29 ORMOND BEACH FL 32174-0701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CULLEY, BEVERLY J 1450 NORTH U.S. 1, STE 600 ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1453 N US Hwy 1 #29 ORMOND BEACH, FL 32174-0701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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  DATE 4-27-05 DAYTIME PHONE # 386-677-2727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					