2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90178 012 ***150.00

DOCUMENT # P97000004190

1. Entity Name
D. A. CULLEY & ASSOCIATES, INC.

50044617

Principal Place of Business	Mailing Address
1450 NORTH U.S. 1 STE 600 ORMOND BEACH, FL 32174	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

01292005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
CULLEY, DAVID A 1450 NORTH U.S. 1 STE 600 ORMOND BEACH, FL 32174	Name Culley, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1453 N US Hwy 1 #29 City ORMOND Beach FL Zip Code 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 X David A. Culley — 4-27-05

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, 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 X David A. Culley — 4-27-05 — 386-677-2727

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