2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000027086

1. Entity Name
MEDLOCK COMPUTER SOLUTIONS, INC.

FILED
Apr 05, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
1322 CHINOOK TRAIL CT. JACKSONVILLE, FL 32225	1 SAN JOSE PL SUITE 21 JACKSONVILLE, FL 32217

02062004 No.Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3438693
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAUS, DAVID CPA
1 SAN JOSE PL
SUITE 21
JACKSONVILLE, FL 32257

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

000000103432
04/05/04-80055-004 155.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEDLOCK, PATRICIA ANN
STREET ADDRESS	1322 CHINOOK TRAIL CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Patricia A. Medlock 2/7/04 617-489-5206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia A. Medlock