


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90008 018 ***150.00

DOCUMENT # P99000002173 1. Entity Name GOLSON & CORLEY ENTERPRISES, INC.					
Principal Place of Business 45217 NFS 572B ALTOONA, FL 32702			Mailing Address P.O. BOX 2946 MATTHEWS, NC 28106		
2. Principal Place of Business 783 B BRITANNY DR		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIANLANTIC FL		City & State		4. FEI Number 59-3551362	
Zip 32903		Country U.S		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORLEY, JOHN 45217 NFS 572B ALTOONA, FL 32702			7. Name and Address of New Registered Agent Name Ralph GOLSON Street Address (P.O. Box Number is Not Acceptable) 783 B BRITANNY DR City INDIANLANTIC FL Zip Code 32903		
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 John Corley President/owner 2/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CORLEY, JOHN 45217 NFS 572B ALTOONA, FL 32702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN W CORLEY P.O. Box 2946 MATTHEWS N.C 28106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORLEY, MYRNA 971 ARAGON AVE WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARY CORLEY 524 SHORELINE DR MATTHEWS N.C 28104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAM CORLEY 639 POINSETTIA RD DELERIA FL 33758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: John Corley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/9/04 704 577 9548 <small>Date Daytime Phone #</small>		

44010733



02102004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Ralph GOLSON**
 Street Address (P.O. Box Number is Not Acceptable) **783 B BRITANNY DR**
 City **INDIANLANTIC** **FL** Zip Code **32903**

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 **John Corley** **President/owner** **2/9/04**
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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CORLEY, JOHN
45217 NFS 572B
ALTOONA, FL 32702

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CORLEY, MYRNA
971 ARAGON AVE
WINTER PARK, FL 32789

☒ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JOHN W CORLEY
P.O. Box 2946
MATTHEWS N.C 28106

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MARY CORLEY
524 SHORELINE DR
MATTHEWS N.C 28104

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAM CORLEY
639 POINSETTIA RD
DELERIA FL 33758

☐ Change ☒ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #