

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20939

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CAGLEY & ASSOCIATES, INC.

**Current Principal Place of Business:**

6141 EXECUTIVE BLVD.  
ROCKVILLE, MD 20852

**New Principal Place of Business:**

**Current Mailing Address:**

6141 EXECUTIVE BLVD.  
ROCKVILLE, MD 20852

**New Mailing Address:**

FEI Number: 52-1432994      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHMITT, RONALD  
425 ROSSETTI CIRCLE NORTH  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CAGLEY, JAMES R.,  
Address: 11312 HUNTOVER DR.  
City-St-Zip: ROCKVILLE, MD

Title: S ( ) Delete  
Name: CAGLEY, SHARON K.R.,  
Address: 11312 HUNTOVER DR.  
City-St-Zip: ROCKVILLE, MD

Title: VD ( ) Delete  
Name: CAMP, DANIEL  
Address: 12 SNUG HILL COURT  
City-St-Zip: POTOMAC, MD 20854

Title: VD ( ) Delete  
Name: MALITS, FRANK S  
Address: 710 MILESTONE DRIVE  
City-St-Zip: SILVER SPRING, MD 20904

Title: VD ( ) Delete  
Name: ORSAK, DEBRETHANN R C  
Address: 11138 STEPHALEE LANE  
City-St-Zip: N BETHESDA, MD 20852

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRETHANN R. CAGLEY ORSAK

VD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date