

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90107 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P20939**  
 1. Corporation Name  
**CAGLEY & ASSOCIATES, INC.**

Principal Place of Business 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852	Mailing Address 6141 EXECUTIVE BLVD. ROCKVILLE MD 20852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>09/16/1988</b>	Applied For Not Applicable
4. FEI Number <b>52-1432994</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CAGLEY, JAMES R.	
STREET ADDRESS	11312 HUNTOVER DR.	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAGLEY, SHARON K.R.	
STREET ADDRESS	11312 HUNTOVER DR.	
CITY-ST-ZIP	ROCKVILLE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLBERT, DAVID H.	
STREET ADDRESS	16312 BATCHELLOR'S FOREST RD	
CITY-ST-ZIP	OLNEY MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	APPLE, RICHARD	
STREET ADDRESS	12245 CARROLL MILL RD	
CITY-ST-ZIP	ELLCOTT CITY MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORSAK, DEBETHANN R C	
STREET ADDRESS	10020 CLUE CT	
CITY-ST-ZIP	BETHESDA MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<i>11138 Stephelee Lane</i>
5.4 CITY-ST-ZIP	<i>North Bethesda, MD 20852</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/29/99** **(301) 881-9050**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)