

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-16-2005 90041 015 ***150.00

DOCUMENT # P04000012767 1. Entity Name MELLOR CONSTRUCTION CORP.					
Principal Place of Business P.O. BOX 915181 LONGWOOD, FL 32779 US			Mailing Address P.O. BOX 915181 LONGWOOD, FL 32779 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0615585			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name JACQUELINE MELLOR Street Address (if applicable) 695 S. WILMA ST. City LONGWOOD FL 32750		
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 <i>Randall D. Mellor</i> Randall D. Mellor, director 3-12-05 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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MELLOR, BRANDON K		NAME		
STREET ADDRESS	P.O. BOX 915181		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD, FL 32779		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MELLOR, RANDALL		NAME		
STREET ADDRESS	P.O. BOX 915181		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD, FL 32779		CITY - ST - ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MELLOR, JACQUELINE		NAME		
STREET ADDRESS	P.O. BOX 915181		STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD, FL 32779		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Randall D. Mellor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-12-05 Date Daytime Phone #		

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