


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000014893**

1. Entity Name  
**MELlich-BLENDEN ENGINEERING, INC.**



Principal Place of Business <b>1177 LOUISIANA AVE          SUITE 111          WINTER PARK, FL 32789 US</b>	Mailing Address <b>1177 LOUISIANA          S-111          WINTER PARK, FL 32789</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3227383</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MELlich, STEVE  
 1177 LOUISIANA AVE, S-111  
 WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLENDEN, ROBERT E 466 W. PALM VALLEY DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELlich, STEVE L 7927 SLOEWOOD DRIVE OAK HILL, FL 32759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/06/05-80012-015 150.00

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:** \_\_\_\_\_ **1/3/05** **407 647-4040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #