


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000014893

1. Entity Name
MELLICH-BLENDEN ENGINEERING, INC.



Principal Place of Business 1177 LOUISIANA AVE SUITE 111 WINTER PARK, FL 32789 US	Mailing Address 1177 LOUISIANA S-11 WINTER PARK, FL 32789
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03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MELLICH, STEVE
 1177 LOUISIANA AVE, S-11
 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, 2007 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 32709
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert E Blenden, V.P. **3-5-07** **407 647-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #