

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 276336
1. Entry Name
C. R. MELEAR CORPORATION



Principal Place of Business: **P O BOX 1647 WAUCHULA ROAD HIGHWAY #64 AVON PARK FL 33825**
Mailing Address: **P O BOX 1647 WAUCHULA ROAD HIGHWAY #64 AVON PARK FL 33825**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.
City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-1064423** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WATKINS, THOMAS S
WAUCHULA RD, HWY 64
AVON PARK FL 33825**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00** May Be Added to Fees
Trust Fund Contribution:

10. OFFICERS AND DIRECTORS		
TITLE: VD	NAME: WATKINS, THOMAS S	<input type="checkbox"/> Delete
STREET ADDRESS: WAUCHULA ROAD, HWY 64	CITY - ST - ZIP: AVON PARK FL	
TITLE: SD	NAME: WATKINS, DEBRA	<input type="checkbox"/> Delete
STREET ADDRESS: WAUCHULA ROAD, HWY 64	CITY - ST - ZIP: AVON PARK FL	
TITLE: PD	NAME: MELEAR, HENRETTA	<input type="checkbox"/> Delete
STREET ADDRESS: LAKE LOTELA DR.	CITY - ST - ZIP: AVON PARK FL	
TITLE: TD	NAME: WATKINS, THOMAS C	<input type="checkbox"/> Delete
STREET ADDRESS: WAUCHULA ROAD HWY 64	CITY - ST - ZIP: AVON PARK FL	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY - ST - ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY - ST - ZIP: _____	

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02/03/05-80047-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 1/24/05 DAYTIME PHONE #: 863453-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR