


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 276336 1. Entity 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
--	--



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1064423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

**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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATKINS, THOMAS S WAUCHULA ROAD, HWY 64 AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATKINS, DEBRA WAUCHULA ROAD, HWY 64 AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELEAR, HENRETTA LAKE LOTELA DR. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATKINS, THOMAS C WAUCHULA ROAD HWY 64 AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000461438
03/20/06-80052-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 507, 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:  **Thomas S. Watkins** 3/7/06 8634536114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #