

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276336

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: C. R. MELEAR CORPORATION

## Current Principal Place of Business:

P O BOX 1647  
WAUCHULA ROAD HIGHWAY #64  
AVON PARK, FL 33825

## New Principal Place of Business:

148 BARN 1 RD.  
AVON PARK, FL 33825

## Current Mailing Address:

P O BOX 1647  
WAUCHULA ROAD HIGHWAY #64  
AVON PARK, FL 33825

## New Mailing Address:

P O BOX 1647  
AVON PARK, FL 33826

FEI Number: 59-1064423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATKINS, THOMAS S  
WAUCHULA RD, HWY 64  
AVON PARK, FL 33825 US

## Name and Address of New Registered Agent:

WATKINS, THOMAS S  
148 BARN 1 RD.  
AVON PARK, FL 33825 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: WATKINS, THOMAS S  
Address: WAUCHULA ROAD, HWY 64  
City-St-Zip: AVON PARK, FL

Title: SD ( ) Delete  
Name: WATKINS, DEBRA  
Address: WAUCHULA ROAD, HWY 64  
City-St-Zip: AVON PARK, FL

Title: PD ( ) Delete  
Name: MELEAR, HENRETTA  
Address: LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL

Title: TD ( ) Delete  
Name: WATKINS, THOMAS C  
Address: WAUCHULA ROAD HWY 64  
City-St-Zip: AVON PARK, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: WATKINS, THOMAS S  
Address: 531 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33826

Title: SD (X) Change ( ) Addition  
Name: WATKINS, DEBRA  
Address: 531 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33826

Title: PD (X) Change ( ) Addition  
Name: MELEAR, HENRETTA  
Address: 1145 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. WATKINS

VD

04/27/2009

Electronic Signature of Signing Officer or Director

Date