

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 037 ***150.00

DOCUMENT # 336153

1. Entity Name:
RAY MELEAR, INC.



Principal Place of Business
2410 SW 24TH AVE
OKEECHOBEE, FL 34974 US

Mailing Address
2410 SW 24TH AVE
OKEECHOBEE, FL 34974 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-1223309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELEAR, RAYMOND
2410 SW 24TH AVE
OKEECHOBEE, FL 34974

Name: MELEAR, BARBARA L.

Street Address (P.O. Box Number is Not Acceptable)

2410 SW 24TH AVE.

City: OKEECHOBEE

FL

Zip Code
34974

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: BARBARA L. MELEAR P.D.

Signature typed or printed name of registered agent and title if applicable

Barbara L. Melear

(NOTE: Registered Agent signature required when resigning)

1-11-07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: MELEAR, RAYMOND
STREET ADDRESS: 2410 SW 24TH AVENUE
CITY-ST-ZIP: OKEECHOBEE, FL 34974 ☒ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TD
NAME: MELEAR, BARBARA
STREET ADDRESS: 16010 HWY 70 E
CITY-ST-ZIP: OKEECHOBEE, FL 34972 ☐ Delete

TITLE: PD
NAME: MELEAR, BARBARA L.
STREET ADDRESS: 2410 SW 24TH AVE.
CITY-ST-ZIP: OKEECHOBEE, FL 34974 ☒ Change ☐ Addition

TITLE: VPD
NAME: HESTER, DAVID B
STREET ADDRESS: 16010 HWY 70 E
CITY-ST-ZIP: OKEECHOBEE, FL 34972 ☐ Delete

TITLE: VPD
NAME: HESTER, DAVID B.
STREET ADDRESS: 1906 WHITEHALL DR.
CITY-ST-ZIP: WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE: ASD
NAME: HESTER, SLOANE
STREET ADDRESS: 16010 HWY 70 E
CITY-ST-ZIP: OKEECHOBEE, FL ☐ Delete

TITLE: STD
NAME: HESTER, SLOANE
STREET ADDRESS: 1906 WHITEHALL DR.
CITY-ST-ZIP: WINTER PARK, FL 32792 ☒ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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: Barbara L. Melear P.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA L. MELEAR P.D.

1/11/07 863-467-4821

Date

Daytime Phone