

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 473573

1. Entity Name
JACK MELTON FAMILY, INC.



Principal Place of Business
**21628 LOCKHART RD
DADE CITY, FL 33523 US**

Mailing Address
**21628 LOCKHART RD
DADE CITY, FL 33523 US**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1588275

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MELTON, JOHN E.
21628 LOCKHART RD.
DADE CITY, FL 33523**

**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]
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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | MELTON, JOHN E. |
| STREET ADDRESS | 21628 LOCKHART RD |
| CITY-ST-ZIP | DADE CITY FL. |
| TITLE | PD |
| NAME | MELTON, STEPHEN F. |
| STREET ADDRESS | 34226 HARRIS HILL RD |
| CITY-ST-ZIP | DADE CITY FL. |
| TITLE | STD |
| NAME | MELTON JR., JOHN E. |
| STREET ADDRESS | 21616 LOCKHART RD |
| CITY-ST-ZIP | DADE CITY FL. |
| TITLE | D |
| NAME | MELTON, VIRGINIA G. |
| STREET ADDRESS | 21628 LOCKHART RD |
| CITY-ST-ZIP | DADE CITY FL. |
| TITLE | D |
| NAME | MELTON, MARK G |
| STREET ADDRESS | 1550 MYERS ROAD |
| CITY-ST-ZIP | BROOKSVILLE, FL |
| TITLE | D |
| NAME | MELTON, JOSEPH P |
| STREET ADDRESS | 34208 HARRIS HILL ROAD |
| CITY-ST-ZIP | DADE CITY, FL |

U00000415340
02/11/06-80078-002 150.00

**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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

DATE

1-27-06

DAYTIME PHONE #

352 583 3052