

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90220 045 ***150.00

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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1588275

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 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 **D** ☐ Delete
NAME **MELTON, JOHN E.**
STREET ADDRESS **21628 LOCKHART RD**
CITY - ST - ZIP **DADE CITY FL**

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

TITLE **PD** ☐ Delete
NAME **MELTON, STEPHEN F.**
STREET ADDRESS **34226 HARRIS HILL RD**
CITY - ST - ZIP **DADE CITY FL**

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

TITLE **STD** ☐ Delete
NAME **MELTON JR., JOHN E.**
STREET ADDRESS **21616 LOCKHART RD**
CITY - ST - ZIP **DADE CITY FL**

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

TITLE **D** ☐ Delete
NAME **MELTON, VIRGINIA G.**
STREET ADDRESS **21628 LOCKHART RD**
CITY - ST - ZIP **DADE CITY FL**

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

TITLE **D** ☐ Delete
NAME **MELTON, MARK G**
STREET ADDRESS **1550 MYERS ROAD**
CITY - ST - ZIP **BROOKSVILLE, FL**

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

TITLE **D** ☐ Delete
NAME **MELTON, JOSEPH P**
STREET ADDRESS **34208 HARRIS HILL ROAD**
CITY - ST - ZIP **DADE CITY, FL**

TITLE **D** ☒ Change ☐ Addition
NAME **MELTON, JOSEPH P**
STREET ADDRESS **13232 DECHAMBEAU**
CITY - ST - ZIP **BOISE, ID 83714**

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: John E Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 352-563-3052
Date Daytime Phone #