

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 517866

FILED
Jan 06, 2009
Secretary of State

Entity Name: MELLON VACUUM AND SOUND SYSTEMS, INC.

Current Principal Place of Business:

7922 CORAL ST.
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

7922 CORAL ST.
LANTANA, FL 33462

New Mailing Address:

FEI Number: 59-1707898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JASON, PATRICIA M
12906 INSHORE DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, HERBERT T
Address: 1324 WOODCREST RD W
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: HENRION, LANCE D
Address: 4365 REDDING RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST () Delete
Name: JASON, PATRICIA M
Address: 12906 INSHORE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MELLON, RICHARD E
Address: 953 DOGWOOD DR.
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD (X) Change () Addition
Name: HENRION, LANCE D
Address: 4365 REDDING RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: STD (X) Change () Addition
Name: JASON, PATRICIA M
Address: 12906 INSHORE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: PATRICIA M. JASON

ST

01/06/2009

Electronic Signature of Signing Officer or Director

Date