

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 560542

1. Entity Name
PLYMEL CONSTRUCTION INC.



Principal Place of Business
**2087 SARNO RD
MELBOURNE, FL 32935**

Mailing Address
**2087 SARNO RD
MELBOURNE, FL 32935**



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1810394

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PLYMEL, DONALD L
4435 LAKE WASHINGTON ROAD
EAU GALLIE, FL
MELBOURNE, FL 32935**

**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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
PLYMEL, DONALD
4435 LAKE WASHINGTON RD
MELBOURNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
PLYMEL, SUSAN M.
4435 LAKE WASHINGTON RD
MELBOURNE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000154273
05/04/04-80159-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04

321-242-0333