


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 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**



01112005 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1810394 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PLYMEL, DONALD L
 4435 LAKE WASHINGTON ROAD
 EAU GALLIE, FL
 MELBOURNE, FL 32935**

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7. 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 _____ (NOTE: Registered Agent signature required when withdrawing) DATE _____

FILE NOW!!! FEE IS \$190.00 After May 1, 2005 Fee will be \$350.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 may be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | VPSD PLYMEL, DONALD 4435 LAKE WASHINGTON RD MELBOURNE, FL |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PTD PLYMEL, SUSAN M. 4435 LAKE WASHINGTON RD MELBOURNE, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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: Susan M. Plymel 1-12-05 (321) 242-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #