

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 044 ***150.00

DOCUMENT # 602724

1. Entity Name
ROBERT D. MELTON PROFESSIONAL ASSOCIATION



Principal Place of Business
**1000 E. ROBINSON ST
STE. H
ORLANDO, FL 32801**

Mailing Address
**P.O. BOX 1032
ORLANDO, FL 32802**

50008557



2. Principal Place of Business
518 East Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL

City & State

4. FEI Number
59-1347319

Applied For
Not Applicable

Zip
32803

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MELTON, ROBERT D
1000 E. ROBINSON STREET
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name
Robert D. Melton
Street Address (P.O. Box Number is Not Acceptable)
518 East Colonial Drive
City
Orlando FL Zip Code
32803

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

3/25/06

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MELTON, ROBERT D
1000 E. ROBINSON STREET
ORLANDO, FL 32801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
Melton, Robert D.
518 East Colonial Drive
Orlando, FL 32803** ☒ Change ☐ Addition

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

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CITY - ST - ZIP
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/06