


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000901 1. Entity Name MELVIN'S LAND SERVICES INC.	
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Principal Place of Business 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711	Mailing Address 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711
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04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1666027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNARD, LLOYD M SR 3136 CLOVERPLACE DR PALM HARBOR, FL 34684
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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: *Lloyd M Barnard Jr* **04-26-05**
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, 2005 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 WILLIAMS, JOHN 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, BARRY 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, DORIS 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHT, BRUCE 113 BARKSDALE PROFESSIONAL CENTER NEWARK, DE 19711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/02/05-80116-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Williams* **JOHN WILLIAMS** **04-26-05** **201-362-9298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #