2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F06490

1. Entity Name
PER-MEL, INC.

Principal Place of Business	Mailing Address
12701 US HWY 19 BAYONET POINT, FL 34667 US	12701 US HWY 19 BAYONET POINT, FL 34667 US

04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2071509
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDDY, ROBERT K
808 W. DE LEON STREET
TAMPA, FL 33606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000109021
04/12/04-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	EAVES, CAROL L
STREET ADDRESS	4006 BAINWOOD CT
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	PD
NAME	EAVES, MEL
STREET ADDRESS	12701 U.S. HIGHWAY 19
CITY-ST-ZIP	BAYONET POINT, FL
TITLE	T
NAME	RICHARDSON, DIANE
STREET ADDRESS	7230 FOX HOLLOW DRIVE
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	D
NAME	EDDY, ROBERT K.
STREET ADDRESS	808 W. DE LEON STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 4/7/2004 (727) 863-5451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MEL EAVES