

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F06490 1. Entity Name PER-MEL, INC.	
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Principal Place of Business 12701 US HWY 19 BAYONET POINT, FL 34667 US	Mailing Address 12701 US HWY 19 BAYONET POINT, FL 34667 US
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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

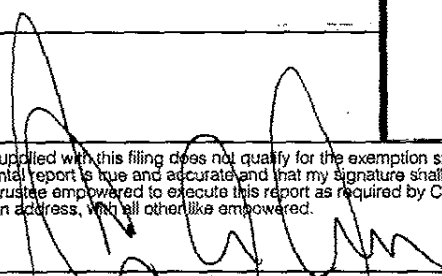
DO NOT WRITE IN THIS SPACE

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	U00000109021 04/12/04-R0027-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EAVES, CAROL L 4006 BAINWOOD CT TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EAVES, MEL 12701 U.S. HIGHWAY 19 BAYONET POINT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, DIANE 7230 FOX HOLLOW DRIVE PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, ROBERT K. 808 W. DE LEON STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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