


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000002661**

1. Entity Name  
**MELITTA NORTH AMERICA, INC.**



Principal Place of Business      Mailing Address

**13925 58TH STREET N**      **13925 58TH STREET N**  
**CLEARWATER, FL 33760 US**      **CLEARWATER, FL 33760 US**

**DO NOT WRITE IN THIS SPACE**



04072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**22-1732130**      Not Applicable

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

6. Name and Address of Current Registered Agent

**LUECK, FRED**  
**13925 58TH ST N**  
**CLEARWATER, FL 33760**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

**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**

1100000118739  
 04/19/04-80072-012 317.50

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, MARTIN T
STREET ADDRESS	13925 58TH ST N
CITY - ST - ZIP	CLEARWATER, FL 33760
TITLE	VS
NAME	LUECK, FRED
STREET ADDRESS	13925 58TH ST N
CITY - ST - ZIP	CLEARWATER, FL 33760
TITLE	T
NAME	HOLLAND, PATRICIA
STREET ADDRESS	13925 58TH STREET N
CITY - ST - ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	MITCHELL, ED
STREET ADDRESS	13925 58TH STREET N
CITY - ST - ZIP	CLEARWATER, FL 33760
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:** *Fred Lueck*      4/8/04      727 524-4837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #