


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 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**



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE
00000211312
02/02/05-80111-012 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARTIN T 13925 58TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUECK, FRED 13925 58TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, PATRICIA 13925 58TH STREET N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ED 13925 58TH STREET N CLEARWATER, FL 33760
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)(f), 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* 1-13-05 727-524-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #