


2005 FOR PROFIT CORPORATION ANNUAL REPORT.

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

DOCUMENT # G28999		
1. Entity Name MELISAMDE, INC		
Principal Place of Business	Mailing Address	
5164 S FLORIDA AVE STE S-1 INVERNESS, FL 34450 US	5164 S FLORIDA AVE STE S-1 INVERNESS, FL 34450 US	



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2965893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVIER, JACQUES
260 E. DAKOTA CT.
HERNANDO, FL 34442

**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, 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	P
NAME	BOINET, MADELEINE
STREET ADDRESS	260 E. DAKOTA CT.
CITY-ST-ZIP	HERNANDO, FL
TITLE	ST
NAME	OLIVER, DANIELLE
STREET ADDRESS	260 E DAKOTA COURT
CITY-ST-ZIP	HERNANDO, FL
TITLE	V
NAME	COOK, GABRIELLE
STREET ADDRESS	PO BOX 1704
CITY-ST-ZIP	INVERNESS, FL 34451
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/05-80058-002 158.75

**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)(l), 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:

Gabrielle Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 352-726-5430
Date Daytime Phone #