


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/4/04

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-04-2004 90041 024 ***150.00

DOCUMENT # J52021			
1. Entity Name MCMELON, INCORPORATED			
Principal Place of Business 233 EAST PARK AVE LAKE WALES FL 33853 US		Mailing Address P.O. BOX 1077 LAKE WALES FL 33859	
2. Principal Place of Business 28501 Hwy 60 East		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Lake Wales FL		City & State	
Zip 33898	Country	Zip	Country
4. FBI Number 59-2829096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, ARNOLD H. 233 EAST PARK AVE. LAKE WALES FL 33853		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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: <i>Arnold H Mack</i>		DATE: <i>2/16/04</i>	
FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2004 fee will be \$350.00 Make Check Payable to Florida Department of State</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD MACK, ARNOLD 233 EAST PARK AVE LAKE WALES FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V MACK, HUEY H.	TITLE	
NAME		NAME	
STREET ADDRESS	HIGHWAY 59 SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ROBERTSDALE AL	CITY-ST-ZIP	
TITLE	ST MACK, CHANDLER	TITLE	
NAME		NAME	
STREET ADDRESS	704 S EASY STREET	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Arnold H Mack</i>		DATE: <i>3/2/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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MOORE CR2E034 (11/03)