

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90078 003 \*\*\*150.00

**DOCUMENT # L37854**

1. Entity Name  
**MEL HIMES AND ASSOCIATES INSURANCE AGENCY,  
INC.**



Principal Place of Business  
**321 STRATFORD COMMONS CT  
DELTONA, FL 32725**

Mailing Address  
**321 STRATFORD COMMONS CT  
DELTONA, FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2933057**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIMES, JR, MELVIN F OWNER  
321 STRATFORD COMMONS CT  
DELTONA, FL 32725**

Name

Street Address (P.O. Box Number is Not Acceptable)

**321 STRATFORD COMMONS CT.**

City **DELTONA**

**FL**

Zip Code  
**32725**

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]*

**MELVIN F. HIMES, JR. PRES. 3/4/2005**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
HIMES, JR, MELVIN F PRES  
2141 WIGGLY FARMS ROAD  
DELTONA, FL 32725** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HIMES, JACKIE A VP  
2141 WIGGLY FARMS ROAD  
DELTONA, FL 32725** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
KELLY, ANGELA B SEC  
2141 WIGGLY FARMS ROAD  
DELTONA, FL 32725** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
PIENTKA, MARY A DIR  
1455 WATERVIEW DRIVE  
DELTONA, FL 32738** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRES  
HIMES, III, MELVIN F TREAS  
2141 WIGGLY FARMS ROAD  
DELTONA, FL 32725** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*

**MELVIN F. HIMES, JR. PRES 3/4/2005**

**(384) 574-3030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #