

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38566

FILED
Jan 12, 2004
Secretary of State

Entity Name: DAVID H. MELVIN, INC.

Current Principal Place of Business:

4428 LAFAYETTE STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 840
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-2990336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELVIN, DAVID H.
4428 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MELVIN, DAVID H.,
Address: 4646 THE OAKS DR
City-St-Zip: MARIANNA, FL 32447

Title: V () Delete
Name: BEARWOOD, BRIAN
Address: 4428 LAFAYETTE STREET/POST OFFICE BOX 13
City-St-Zip: MARIANNA, FL

Title: S () Delete
Name: NOBLES, LEON E III
Address: 2373 BRIDGE CREEK RD
City-St-Zip: MARIANNA, FL 32446

Title: V () Delete
Name: SNELGROVE, PAUL
Address: 2491 SPRING CREEK ROAD
City-St-Zip: MARIANNA, FL

Title: V () Delete
Name: NOBLES, WILLIAM C
Address: 2879 MAGNOLIA BLOSSOM LANE
City-St-Zip: MARIANNA, FL 32446

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: MARTIN, OMAR S
Address: 7035 DARDWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. MELVIN

DP

01/12/2004

Electronic Signature of Signing Officer or Director

_____ Date