

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38566

FILED  
Jan 16, 2009  
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 PRESIDE  
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,V ( ) Delete  
Name: NOBLES, LEON E III  
Address: 2373 BRIDGE CREEK RD  
City-St-Zip: MARIANNA, FL 32446

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: BEARWOOD, BRIAN  
Address: 4428 LAFAYETTE STREET/POST OFFICE BOX 13  
City-St-Zip: MARIANNA, FL 32446

Title: S,V (X) Change ( ) Addition  
Name: NOBLES, LEON E III  
Address: 2373 BRIDGE CREEK RD  
City-St-Zip: MARIANNA, FL 32448

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date