2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

1. Entity Name MELLOR & MELLOR, INC.						04-13-2005 9	0047 03	37 ***150	.00	
Principal Place 1110 W. NIN PENSACOLA	EMHERD Change	Mailing Address 1110 W. NINE MILE RD PENSACOLA, FL 32534	chang to 0	ie/						
2. Principal Place of Business 900 N. Davi 5 Hwy Suite, Apt. #, etc. 3. Mailing Address 900 N. Davi Suite, Apt. #, etc.				5 Hwγ 03052005 Chg-P			CR2E034 (10/03)			
City & State	acola FL 32514	City & State PLNSQCO	la FL 3	2514 4	FEI Numb 59-365				plied For Applicable	
Zip	Country	Zip	Country ESCamb	۔ ا	Certificate	of Status Desired		\$8.75 Addi Fee Required	itional t	
	6. Name and Address of Current F	legistered Agent	Name		Name and	Address of New Re	gistered /	Agent		
MELLOR, STACY R 4692 AUTUMNDALE DR MILTON, FL 32571				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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privide name of registered agent and tale of applicable. (NOTE: Registered Agent argusture required when renstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0		ign Financing ribution.	Added t	····		************	******		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLOR, MARC R 9160 STILLBRIDGE LANE PENSACOLA, FL 32514	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CHY-ST-ZIP	mai 469	rc R 12 au	Mellor Mellor Whimndale (L 32571	2 Dr	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELLOR, STACY R 9160 STILLBRIDGE LANE PENSACOLA, FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stal	y R 1	Nellor utumndalı 3257		Change - VICE	Addition Res.	
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12. I hereby of indicated of the corchanged	certify that the information supplied with fon this report or supplemental report is reporation or the receiver or trustee empo , or on an attachment with an address, w	this filing does not qualify for true and accurate and that r wered to execute this report with all other like empowered	r the exemption sta ny signature shall h as required by Ch	ted in Section have the same apter 607, Fi	n 119.07(3) se legal effe orida Statut	(i), Florida Statutes, I ct as if made under or es; and that my name	further cer ath; that I i appears i	tify that the in am an officer in Block 10 or	formation or director Block 11 if	