


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90181 019 ***150.00

DOCUMENT # P00000062656 1. Entity Name MELVIN DEMERS, P.A.					
Principal Place of Business 13409 FOUNTAIN BLEAU DRIVE CLERMONT, FL 34711			Mailing Address 13409 FOUNTAIN BLEAU DRIVE CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box # 17352 PROMENADE DR.		3. Mailing Address 17352 PROMENADE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CLERMONT, FLORIDA		City & State CLERMONT, FLORIDA		4. FEI Number 59-3656094	
Zip 34711		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEMERS, MELVIN E 13409 FOUNTAIN BLEAU DRIVE CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name DEMERS, MELVIN E. Street Address (P.O. Box Number is Not Acceptable) 17352 PROMENADE DR. City CLERMONT State FL Zip Code 34711		
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 <u><i>Melvin E. Demers</i></u> DATE <u>04/22/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	PSTV DEMERS, MELVIN E 13409 FOUNTAIN BLEAU DRIVE CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTV DEMERS, MELVIN E. 17352 PROMENADE DR CLERMONT, FL 34711
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Melvin E. Demers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/26/2008</u> Daytime Phone # <u>407 963 5672</u>		