## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

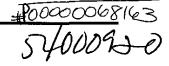
## **Secretary of State** DOCUMENT # P00000068163 01-26-2004 90013 031 \*\*\*150.00 MELISSA BURNS, INC. Principal Place of Business Mailing Address **3400092**0 1516 E. HILLCREST ST., SUITE 307 1516 E. HILLCREST ST., SUITE 307 ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 615 Maple Oak Circle 615 Maple Oak Lincle Suite, Apt. #, et Suite, Apt. #, etc 01132004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number 59-3707313 <u>Altamonte</u> Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNS, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 1516 E. HILLCREST ST., SUITE 307 ORLANDO, FL 32803 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☑ Change ☐ Addition TITLE ☐ Delete TITLE Lutz Melissa BURNS, MELISSA NAME NAME 1015 maple Oak Circle #203 STREET ADDRESS 1516 E. HILLCREST ST., SUITE 307 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP Altamonte Springs, FL ☐ Defete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 26, 2004 8:00 am

## Patrick M. Burns, CPA, PA

Accountants, Consultants and Tax Professionals



January 22, 2004

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE:

Melissa Burns, Inc. EIN #59-3707313

Dear Sir or Madam:

Please note that I represent the above taxpayer in all federal, state, and local tax matters. Please note that the taxpayer has changed the name of her corporation from Melissa Burns, Inc. to Melissa Lutz, Inc. This change is being made due to a divorce and name change. Please update your records to reflect this change. Please note that all correspondence should now be sent to the officer at:

Melissa Lutz Melissa Lutz, Inc. 615 Maple Oak Circle #203 Altamonte Springs, FL 32701

Should you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your assistance in this matter.

Sincerely,

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Patrick Burns

1516 E. Hillcrest Street Suite 307 Orlando, Florida, 32803

(407) 228-4443 Tel

(407) 228-4503 Fax

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On the Internet: www.pmbcpa.com