


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 036 \*\*\*150.00

<b>DOCUMENT # P00000068163</b>			
1. Entity Name <b>MELISSA LUTZ, INC.</b>			
Principal Place of Business <b>615 MAPLE OAK CIRCLE #203 ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>615 MAPLE OAK CIRCLE #203 ALTAMONTE SPRINGS, FL 32701</b>	
2. Principal Place of Business <b>1400 Horizon Ct.</b>		3. Mailing Address <b>1400 Horizon Ct.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32809</b>	Country <b>US</b>	Zip <b>32809</b>	Country <b>US</b>
4. Name and Address of Current Registered Agent <b>BURNS, PATRICK M 1516 E. HILLCREST ST., SUITE 307 ORLANDO, FL 32803</b>		4. FEI Number <b>59-3707313</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BURNS, PATRICK M 1516 E. HILLCREST ST., SUITE 307 ORLANDO, FL 32803</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUTZ, MELISSA 615 MAPLE OAK CIRCLE #203 ALTAMONTE SPRINGS, FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lanier, Melissa 1400 Horizon Ct. Orlando, FL 32809</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: <u><i>Melissa Lanier</i></u>		8-2305 407 228443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66026461



07282005 Chg-P CR2E034 (10/03)

**Patrick M. Burns, CPA, PA**

Accountants, Consultants, and Tax Professionals

ATTACHMENT

660026461  
#P00000068163

July 28, 2005

Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314-6198

RE: **Melissa Lutz, Inc.**

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 did not receive the original postcard notice to file their annual report due to the fact that she moved. Enclosed please find the 2005 For Profit Corporation Annual Report and check #1240 in the amount of \$150.00.

The taxpayer respectfully requests the removal of any late fees and penalties due, as they were unaware of the filing deadline until now. 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,

  
Patrick M. Burns, CPA