2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089775

City-St-Zip:

TAMPA, FL 33624

FILED Jun 30, 2004 Secretary of State

Entity Name: MELLED, INC.				
Current Pr	incipal Place of Business:	New Principal Place o	f Business:	
	ALE MABRY HWY - 336182401			
Current Mailing Address:		New Mailing Address:		
	ALE MABRY HWY - 336182401			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent	: Name and Address of	Name and Address of New Registered Agent:	
WEAVER, 16115 E. C TAMPA, FL	OURSE DR.			
The above in the State	named entity submits this statement for the florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered	Agent	Date	
	e with s. 607.193(2)(b), F.S., the corporation dinpaign Financing Trust Fund Contribution ().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete WEAVER, LARRY S 16115 E. COURSE DR. TAMPA, FL 33624	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete WEAVER, LARRY S JR. 14534 BRUCE B. DOWNS BLVD., APT. 1031 TAMPA, FL 33613	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	DS () Delete WEAVER, SHARON C 16115 E. COURSE DR.	Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: LARRY S. WEAVER **PRES** 06/30/2004