## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED
DOCUMENT # P01000032198  1. Entity Name MELISCO, INC.						Feb 11, 2004 08:00 AM Secretary of State
					NO ME IS	
Principal Place of Business Mailing Address				 IF	-	
SINGER ISL		404	SINGER ISLAND FL			
2. Principal P	Place of Busin	ness	3. Mailing Address			
Suite, Apt. #, etc			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State			City & State			4. FEI Number 65-1104757 Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent
SEAY, TED G					Name	
1170 EMERALD LANE SINGER ISLAND FL 33404					Street Address (	P.O. Box Number is Not Acceptable)
					City	FL Zip Code
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE  DETERMINENT FOR ID, 4450,000						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11.						
mue	D	OFFICERS AF	Delete	11. TITUS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
NAME OTREET ADDRESS	SEAY, TED G			NAM	E ET ADDRESS	U00000046542 02/12/04-80004-007 150.00
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day Under Proces B						