

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90678 037 \*\*\*150.00

**DOCUMENT # P01000110292**

**1. Entity Name**

**GULF COAST RENAISSANCE FAIRE, INC.**



**Principal Place of Business**

**3603 MOBILE HWY.  
B  
PENSACOLA FL 32505**

**Mailing Address**

**3603 MOBILE HWY.  
B  
PENSACOLA FL 32505**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

**4. FEI Number** **59-3759528**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MELEI, STEVEN E  
3603 MOBILE HWY  
B  
PENSACOLA FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MELEI, STEVEN E	
STREET ADDRESS	3603 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAKENEY, SHANDI J	
STREET ADDRESS	5283 CONECUH STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	T	<input type="checkbox"/> Delete
NAME	MELEI, MARGIE R	
STREET ADDRESS	815 KIRK STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELEI, JOEY E	
STREET ADDRESS	1022 R STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELEI, JOSEPH E SR	
STREET ADDRESS	815 KIRK STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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

Steven E. Melei

Date

Daytime Phone #

850 470 8920