


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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
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03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3759528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELEI, STEVEN E 3603 MOBILE HWY PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAKENEY, SHANDI J 5283 CONEYH STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELEI, MARGIE R 815 KIRK STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MELEI, JOEY E 1022 R STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELEI, JOSEPH E SR 815 KIRK STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/05-80046-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 my other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven Melei 4/22/05 8534708420