2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

02-06-2004 90013 039 ***150.00
07-12-2004 90019 013 ***150.00

DOCUMENT # P01000116802

1. Entity Name
MELLADO CONTRACTING, INC.

54061338

Principal Place of Business	Mailing Address
1827 GRIFFIN AVE.	P.O. BOX 1482
LADY LAKE, FL 32159 US	LADY LAKE, FL 32158 US

DO NOT WRITE IN THIS SPACE

07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3759076 ☐ Applied For ☐ Not Applicable

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

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

MELLADO, JOHN
~~1827 GRIFFIN AVE.~~
LADY LAKE, FL 32159

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELLADO, JOHN
STREET ADDRESS	1827 GRIFFIN AVE.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	VPD
NAME	MELLADO, ARNOLD
STREET ADDRESS	1827 GRIFFIN AVE.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	TD
NAME	MELLADO, GRACE
STREET ADDRESS	1827 GRIFFIN AVE.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	VPD
NAME	MELLADO, MICHAEL
STREET ADDRESS	1827 GRIFFIN AVE.
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	Did not receive annual
STREET ADDRESS	
CITY-ST-ZIP	report and/or post card
TITLE	to request annual report
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: Arnold Mellado 7/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #