

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000066131

1. Entity Name
MFT PROPERTIES CORP.



Principal Place of Business
31124 WRENCREST DR.
WESLEY CHAPEL, FL 33543

Mailing Address
31124 WRENCREST DR.
WESLEY CHAPEL, FL 33543

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0459001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VERONA LAW GROUP, P.A.
7235 CENTRAL AVE
ST PETERSBURG, FL 33707

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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, 2004 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
D
MELATTI, LEE
4602 AVE LONGCHAMPS
LUTZ, FL 33558

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELATTI, LIVIO
31124 WRENCREST DR.
WESLEY CHAPEL, FL 33543

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MELATTI, CHISTOPHER
155 LOCHMEAD WAY
FAYETTEVILLE, GA 30215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

00000060352
02/23/04-80036-010 150.00

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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: *Livio R. Melatti* LIVIO R. MELATTI

Date *2/16/2004* Daytime Phone # *813-994-710*