



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000089162</b>			
1. Entity Name <b>FULFORD &amp; MELTON CONVENTION CONTRACTORS, INC.</b>			
Principal Place of Business <b>6512 PARSON BROWN DR. ORLANDO, FL 32819</b>	Mailing Address <b>6512 PARSON BROWN DR. ORLANDO, FL 32819</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>04-3718037</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
<b>FULFORD, PAUL N 6512 PARSON BROWN DR. ORLANDO, FL 32819</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>U000000031482 02/04/04-80149-018 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, PAUL N 6512 PARSON BROWN DR. ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, IRA H 14731 GREEN VALLEY BLVD. CLERMONT, FL 34711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.			
<b>SIGNATURE:</b> 		1-3104 407-352-6690 Date Daytime Phone #	