

2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

06-22-2005 90077 036 ***150.00

P02000099105

DOCUMENT # P02000099105

1. Entity Name

MOLD MEDIC, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 PM 2:24

Principal Place of Business

2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168

Mailing Address

2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

1931 Jungle Road.

3. Mailing Address

1931 Jungle Road.

1st MOORE

CR2E034 (10/04)

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

16-1650806

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINETELTER, MELODIE R
2275 BRANCHWOOD DRIVE
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name: Klinefelter, Melodie

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

1931 Jungle Road

City: New Smyrna Beach FL

Zip Code

32168

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

Melodie Klinefelter

6/17/05

Signature, typed or printed name of registered agent and fee 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: KLINETELTER, JAMES L
STREET ADDRESS: 2275 BRANCHWOOD DRIVE
CITY- ST- ZIP: NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE: D
NAME: KLINETELTER, MELODIE R
STREET ADDRESS: 2275 BRANCHWOOD DRIVE
CITY- ST- ZIP: NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President ☐ Change ☐ Addition
NAME: James Klinefelter
STREET ADDRESS: 1931 Jungle Road
CITY- ST- ZIP: New Smyrna Beach, FL 32168

TITLE: Vice President ☐ Change ☐ Addition
NAME: Melodie Klinefelter
STREET ADDRESS: 1931 Jungle Road
CITY- ST- ZIP: New Smyrna Beach, FL 32168

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

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:

Melodie K. Klinefelter, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/17/05 428-6623