

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P02000102675

1. Entity Name
MEL-RE CONSTRUCTION, INC.



Principal Place of Business
**15051 SOUTH TAMiami TRAIL, #203
FT. MYERS, FL 33908**

Mailing Address
**15051 SOUTH TAMiami TRAIL, #203
FT. MYERS, FL 33908**



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3723519	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	------------------------------------------

6. Name and Address of Current Registered Agent

**TRIPP, TED
2532 EAST FIRST STREET
FORT MYERS, FL 33902**

**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, 2007 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 ADKINS, EDWARD D PRES 15051 S TAMiami TRAIL, SUITE 203 FORT MYERS, FL 33908
------------------------------------------------	--------------------------------------------------------------------------------------------------

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	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

U00000753255
05/22/07-80014-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date Daytime Phone #