

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 044 ***150.00

DOCUMENT # P02000113757

1. Entity Name
MEL-RAY, INC.



Principal Place of Business
**2167 S HWY 17
CRESCENT CITY, FL 32112**

Mailing Address
**2167 S HWY 17
CRESCENT CITY, FL 32112**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0806116

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~TOWNSEND, WILLIAM L JR~~
~~G/O WALTON & TOWNSEND, P.A.~~
~~200 REID STREET CAPITAL CITY BANK BLDG.~~
~~PALATKA, FL 32177~~
Davis, Monk & Company
906 So SR 19
PALATKA, FL 32177

**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)
Partners

4/13/04

Signature, type or printed name of registered agent and date 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	DPT
NAME	FOERSTER, SAMUEL F
STREET ADDRESS	518 NORTH PROSPECT ST
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	DVS
NAME	FOERSTER, THOMAS J
STREET ADDRESS	130 FOERSTER LANE
CITY-ST-ZIP	POMONA PARK, FL 32181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

Daytime Phone #