


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

07-14-2004 90008 014 ***150.00
09-23-2004 90002 018 ***400.00

DOCUMENT # P02000133316	
1. Entity Name MELVIN'S HAULING, INC.	

Principal Place of Business P.O. BOX 887 PERRY, FL 32348	Mailing Address P.O. BOX 887 PERRY, FL 32348
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DO NOT WRITE IN THIS SPACE

110124086216



06232004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2390905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOWDEN, MELVIN M JR.
440 SPRINGHILL RD.
PERRY, FL 32347**

**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:  **Melvin M. Bowden** 9-14-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President DATE

**FILE NOW!!! FEE IS \$350.00
Due by September 8, 2004**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD	BOWDEN, MELVIN M JR.
NAME	203 S. HENDRY AVE.
STREET ADDRESS	PERRY, FL 32347
CITY-ST-ZIP	
TITLE VSTD	BOWDEN, JOEY E
NAME	203 S. HENDRY AVE.
STREET ADDRESS	PERRY, FL 32347
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:  **Melvin M. Bowden** 9-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #



Attachment
24086216

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 3, 2004

MELVIN'S HAULING, INC.
P.O. BOX 887
PERRY, FL 32348

SUBJECT: MELVIN'S HAULING, INC.
Ref. Number: P02000133316

We have received your document for MELVIN'S HAULING, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same. ✓

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 904A00053588