

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90124 038 ***150.00

DOCUMENT # P03000008965

1. Entity Name
MEL-RY CONSTRUCTION, INC.



Principal Place of Business
**5050 SE FEDERAL HWY
PALM CITY, FL 34991 US**

Mailing Address
**5050 SE FEDERAL HWY
PALM CITY, FL 34991 US**

60012813



01302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL
Zip
34997 Country

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Stuart, FL
Zip
34997 Country

4. FEI Number
13-4235498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MATOS, MACK R
6500 SE PEPPERWOOD DR
STUART, FL 34997**

7. Name and Address of New Registered Agent

Name

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

965 SE MARTIN COVE PL.

City **STUART**

FL

34997

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 **P** ☐ Delete
NAME **MATOS, MACK R**
STREET ADDRESS **6500 SE PEPPERWOOD DR**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **V** ☐ Delete
NAME **MATOS, CHRISTINE C**
STREET ADDRESS **6500 SE PEPPERWOOD DR**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **965 SE MARTIN COVE PL**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **965 SE MARTIN COVE PL.**
CITY-ST-ZIP **STUART, FL 34997**

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

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:

Christine Matos **Christine Matos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

Date

772-463-7679

Daytime Phone #