## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000011757

LAKELAND, FL 33813

City-St-Zip:

Entity Name: DAVID MELVILLE CONTRACTING SERVICES, INC.

FILED Jan 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3810 DRANE FIELD RD 2500 DRANE FIELD RD UNIT#9 SUITE 210 LAKELAND, FL 33811 LAKELAND, FL 33811 **Current Mailing Address: New Mailing Address:** 6490 WALKERS GLEN CT LAKELAND, FL 33813 FEI Number: 30-0144605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MELVILLE, DAVID 6490 WALKERS GLEN CT LAKELAND, FL 33813 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MELVILLE, DAVID Name: Name: 6490 WALKERS GLEN CT Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MELVILLE, LESLIE Name: 6490 WALKERS GLEN CT Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE MELVILLE P 01/21/2009