
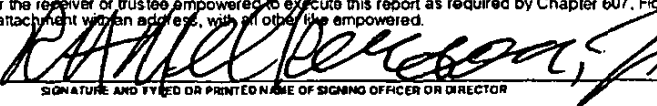


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90028 046 \*\*\*150.00

<b>DOCUMENT # P03000046593</b>					
<b>1. Entity Name</b> DICK MELKERSON ENT., INC.					
<b>Principal Place of Business</b> 1112 9TH STREET N JACKSONVILLE BEACH FL 32250			<b>Mailing Address</b> 1112 9TH STREET N JACKSONVILLE BEACH FL 32250		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>4. FEI Number</b> 51-0460750				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MELKERSON, DICK 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211-8706			<b>Name</b> DICK MELKERS ON		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1112 9th St N.		
			<b>City</b> JACKSONVILLE BEACH		
			<b>FL Zip Code</b> 32250		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. Election Campaign Financing</b>			<b>\$5.00 May Be Added to Fees</b>		
<input type="checkbox"/> Trust Fund Contribution.			<input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b>	<b>PSTD</b>	<input type="checkbox"/> Delete			
<b>NAME</b>	MELKERSON, DICK				
<b>STREET ADDRESS</b>	1112 9TH STREET N				
<b>CITY- ST- ZIP</b>	JACKSONVILLE BEACH FL 32250				
<b>TITLE</b>		<input type="checkbox"/> Delete			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Delete			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Delete			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Delete			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Delete			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY- ST- ZIP</b>					
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b>  <b>7/18/05</b> <b>904-247-6405</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone</small>					

ATTACHMENT

06026071

8-15-05

TO: Division of Corporations

FROM: Dick Melkersen

RE: DICK MELKERSON ENT., INC.  
RE # PO 3000046593

Gentlemen:

Please Accept my check  
For \$150.00 For my 2005  
Annual Report Fee. I did  
not get the first notice  
to Renew the report. I  
have been incorporated for  
a few years and always paid  
the fees timely.

Thank you for your Consideration

Dick Melkersen  
President



ATTACHMENT

06026071

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 25, 2005

DICK MELKERSON ENT., INC.  
1112 9TH STREET N  
JACKSONVILLE BEACH, FL 32250

Subject: **DICK MELKERSON ENT., INC.**

Reference Number: **P03000046593**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314