

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076504

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: MELMATT, P.A.

**Current Principal Place of Business:**

1815 PALMER AVENUE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

232 EAST GRANT STREET  
ORLANDO, FL 32806

**Current Mailing Address:**

1815 PALMER AVENUE  
WINTER PARK, FL 32792

**New Mailing Address:**

232 EAST GRANT STREET  
ORLANDO, FL 32806

FEI Number: 73-1674096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWN, MELANIE J  
1815 PALMER AVENUE  
WINTER PARK, FL 32792

**Name and Address of New Registered Agent:**

BROWN, MATTHEW S  
232 EAST GRANT STREET  
ORLANDO, FL 32806

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: MATTHEW S. BROWN

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BROWN, MELANIE J  
Address: 1815 PALMER AVENUE  
City-St-Zip: WINTER PARK, FL 32792

Title: VTD ( ) Delete  
Name: BROWN, MATT  
Address: 1815 PALMER AVENUE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: BROWN, MATT S  
Address: 232 EAST GRANT STREET  
City-St-Zip: ORLANDO, FL 32806

Title: VTD (X) Change ( ) Addition  
Name: BROWN, MELANIE  
Address: 232 EAST GRANT STREET  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MATTHEW S. BROWN

PSD

04/20/2004

Electronic Signature of Signing Officer or Director

Date