

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000089975

Entity Name: MEL'S TACK ROOM, INC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5333 NW 45 LANE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

16245 W. NEWBERRY RD  
NEWBERRY, FL 32669

**Current Mailing Address:**

5333 NW 45 LANE  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 54-2121366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPELOTO, REBECCA A  
5333 NW 45 LANE  
GAINESVILLE, FL 32606 US

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

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:**

Title: PT  
Name: CAPELOTO, REBECCA G  
Address: 5333 NW 45 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: VS  
Name: MONTEVIDEO, MELISSA A  
Address: 5333 NW 45 LANE  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: MELISSA MONTEVIDEO

VS

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date