


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90009 041 \*\*\*158.75

<b>DOCUMENT # P03000126246</b> 1. Entity Name <b>FLORIDA MELONS, INC.</b>			
Principal Place of Business <b>216 NORTH MAIN STREET TRENTON, FL 32693</b>		Mailing Address <b>216 NORTH MAIN STREET TRENTON, FL 32693</b>	
2. Principal Place of Business <b>6900 S. 50th</b>		3. Mailing Address <b>PO Box 59</b>	
Suite, Apt. #, etc. <b>no mail received</b>		Suite, Apt. #, etc.	
City & State <b>Trenton Fla</b>		City & State <b>SCHOOLCRAFT MI</b>	
Zip <b>32693</b>		Zip <b>49087</b>	
Country <b>Gilgust</b>		Country <b>KALANAZOO</b>	
6. Name and Address of Current Registered Agent  <b>GRANT, LARRY F. 216 NORTH MAIN STREET TRENTON, FL 32693</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Larry Grant</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>9-4-4</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Sept 7-04</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <u><i>Howard Bailey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>Sept 7-04</u> Daytime Phone # <u>ph 352-804-9180</u>	

ATTACHMENT 24684761  
#1 P03000126246

9-7-4

We request waiver of 400<sup>00</sup> late fee  
because we did not receive notice of  
this annual report due until August 30,  
2004.

Enclosed please find check in the  
amount of \$158.75 : 150<sup>00</sup> filing fee  
and 8<sup>75</sup> for certificate of status

Thank you

Florida melons Inc

FEI 20-0397852