

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000156716	
1. Entity Name MELLAR, INC.	

Principal Place of Business 500 NE SPANISH RIVER BLVD. #21 BOCA RATON, FL 33431	Mailing Address 146 SE 27 PLACE BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0541109	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAY, MELANIE H
146 SE 27 PLACE
BOYNTON BEACH, FL 33435

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when "Certificate of Status Desired" is checked) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
101	DPT NAME: GRAY, MELANIE H STREET ADDRESS: 146 SE 27TH PLACE CITY, ST, ZIP: BOYNTON BEACH, FL 33435
102	DVPS NAME: GRAY, LAWRENCE M STREET ADDRESS: 146 SE 27TH PLACE CITY, ST, ZIP: BOYNTON BEACH, FL 33435
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IN THIS SPACE**

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: Melanie H Gray MELANIE H. GRAY 1/16/05 (861) 395-8327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Officer #