FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90194 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000079476

1. Entity Name
LESLEY J. MELAHN, INC.

Principal Place of Business
61 W. LANGSNER STREET
ENGLEWOOD, FL 34223

Mailing Address
61 W. LANGSNER STREET
ENGLEWOOD, FL 34223

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 365 Pineapple St
Suite, Apt. #, etc.
City & State: Englewood FL
Zip: 34223 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: TIN 20-1106382 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELAHN, LESLEY J
~~61 W. LANGSNER STREET~~ 365 Pineapple St
ENGLEWOOD, FL 34223

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELAHN, LESLEY J ~~61 W. LANGSNER STREET~~ 365 Pineapple St ENGLEWOOD, FL 34223	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Melahn Lesley J 365 Pineapple St Englewood, FL 34223	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: Lesley J. Melahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #