FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90306 024 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000091341

1. Entity Name
MELTON FLOORING INC.

Principal Place of Business
427 MARKET SQUARE EAST
LAKELAND, FL 33813

Mailing Address
427 MARKET SQUARE EAST
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1252735

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MELTON, JOSEPH R
427 MARKET SQUARE E.
LAKELAND, FL 33813

DO NOT WRITE 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: Joseph Melton 18 Apr 06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MELTON, JOSEPH R
STREET ADDRESS	427 MARKET SQUARE E.
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph Melton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REP...

DOCUMENT # P04000091341

1. Entity Name
MELTON FLOORING INC.

ATTACHMENT
40071003
[redacted]

Principal Place of Business	Mailing Address
427 MARKET SQUARE EAST LAKELAND, FL 33813	427 MARKET SQUARE EAST LAKELAND, FL 33813
2. Principal Place of Business: 440 N Wabash ave	3. Mailing Address: 732 N. Grady ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland Fl	City & State: Lakeland Fl
Zip: 33815 Country: USA	Zip: 33815 Country: USA

04182006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-1252735 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MELTON, JOSEPH R
427 MARKET SQUARE E.
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name: Joseph R Melton
Street Address (P.O. Box Number is Not Acceptable): 732 N. Grady ave
City: Lakeland FL Zip Code: 33815

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: Joseph Melton DATE: 18 Apr 06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, JOSEPH R 427 MARKET SQUARE E. LAKELAND, FL 33813 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: Joseph Melton — 18 Apr 06 — 863-640-6257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #