

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90003 021 \*\*\*150.00

**DOCUMENT # P04000095428**

1. Entity Name  
**MELAWIL CLEANING AND RESTORATION INC**



Principal Place of Business  
**1447 40TH STREET  
WEST PALM BEACH, FL 33407**

Mailing Address  
**1447 40TH STREET  
WEST PALM BEACH, FL 33407**

**50061030**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, MELVIN A  
1447 40TH STREET  
WEST PALM BEACH, FL 33407**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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 **P** ☐ Delete  
NAME **WILLIAMS, MELVIN A**  
STREET ADDRESS **1447 40TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

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

TITLE **VP** ☐ Delete  
NAME **WILLIAMS, MARIA**  
STREET ADDRESS **1447 40TH STREET**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Melvin A. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-29-05**

ATTACHMENT

SD 061030

**MEMO**

**TO: FLORIDA DEPARTMENT OF STATE**

**DATE: July 29, 2005**

**FROM: MELAWIL CLEANING AND  
RESTORATION**

**RE: WAIVER OF LATE FEES**

**WE ARE WRITING REQUESTING A WAIVER OF THE \$400.00 LATE FEE  
DUE TO THE FACT THAT WE DIDN'T RECEIVE THE FIRST NOTICE UNTIL  
THE BEGINNING OF JULY. WE ARE ENCLOSING THE \$150.00 DUE NOW.  
WE UNDERSTAND THAT THIS LETTER OF REQUEST IS ALL THAT IS  
REQUIRED OF US AT THIS TIME. THANK YOU.**

**EIN: 20-1294565  
DOC #P04000095428**