2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2005 8:00 am
Secretary of State
03-07-2005 90264 033 ***150.00

DOCUMENT # P04000110854

1. Entity Name
MEHL, INC.

66008620

02012005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287	6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2473854 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: RAYMOND J. MEHL
Street Address (P.O. Box Number Is Not Acceptable): 6961 WILLOW CREEK CIR
UNIT #105
City: NORTH PORT FL Zip Code: 34287

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: Raymond J. Mehl RAYMOND J. MEHL 3-29-05
Signature, typed or printed name of registered agent and date, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MEHL, RAYMOND J 6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEHL, MINNIE C 6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Raymond J. Mehl RAYMOND J. MEHL 3-29-05 941-426-7221
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #