

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90063 016 ***150.00

00003131



DOCUMENT # P04000110854 1. Entity Name MEHL, INC.						
Principal Place of Business 6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287			Mailing Address 6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc. 3656 CANDIA AVE		Suite, Apt. #, etc. 3656 CANDIA AVE				
City & State NORTH PORT, FL		City & State NORTH PORT, FL				
Zip 34286		Country Florida		4. FEI Number 56-2473854		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent MEHL, RAYMOND J 6961 WILLOW CREEK CIRCLE UNIT 105 NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3656 CANDIA AVENUE City NORTH PORT FL Zip Code 34286			
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: <u><i>Raymond J Mehl</i></u> (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. <input type="checkbox"/>		\$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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3656 CANDIA AVE NORTH PORT, FL 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEHL, MINNIE C 6961 WILLOW CREEK CIR UNIT #105 NORTH PORT, FL 34287		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3656 CANDIA AVE NORTH PORT, FL 34286	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Raymond J Mehl</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date				Daytime Phone #		