

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90006 042 \*\*\*158.75

DOCUMENT # P05000127691

1. Entity Name  
MELODY H. RICHARDSON INC.



Principal Place of Business  
7950 S MILITARY TRAIL STE 203  
LAKE WORTH, FL 33463

Mailing Address  
7950 S MILITARY TRAIL STE 203  
LAKE WORTH, FL 33463

400000



01232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

2781 Ashley Dr E  
Suite, Apt. #, etc.  
APT F

3. Mailing Address

2781 Ashley Dr E.  
Suite, Apt. #, etc.  
APT F

City & State

West Palm Beach FL  
Zip  
33415  
Country  
USA

City & State

West Palm Beach FL  
Zip  
33415  
Country  
USA

4. FEI Number

01-0839042

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, MELODY H  
2781 ASHLEY DRIVE EAST APT F  
W PALM BCH, FL 33415

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

Melody H Richardson Pres. 4.3.06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
RICHARDSON, MELODY H  
2781 ASHLEY DRIVE EAST APT F  
WPB, FL 33415

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP

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☐ 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:

Melody H Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.06

Date

561-659-9072

Daytime Phone #