


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P06000139324                    |  |
| 1. Entity Name<br>MELNYK ENTERPRISES, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1007 CHINABERRY ROAD<br>CLEARWATER, FL 33764 US | Mailing Address<br>1007 CHINABERRY ROAD<br>CLEARWATER, FL 33764 US |
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**DO NOT WRITE IN THIS SPACE**



03012008 No Chg-P CR2E034 (11/05)

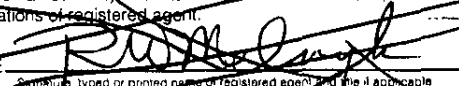
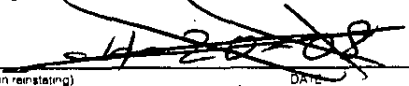
|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-5883994  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

MELNYK, RICHARD W  
1007 CHINABERRY ROAD  
CLEARWATER, FL 33764

**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  DATE 

Signature typed or printed name of registered agent, and if applicable (NOTE: Registered Agent signature required when re-registering)

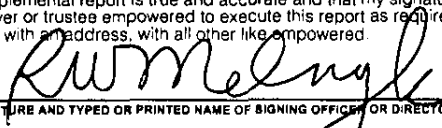
|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000909472<br>05/06/08-80071-024 150.00 |
|---|--|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MELNYK, RICHARD W<br>1007 CHINABERRY ROAD<br>CLEARWATER, FL 33764   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MELNYK, PATRICIA L<br>1007 CHINABERRY ROAD<br>CLEARWATER, FL 33764 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:  4-20-2008 727-536-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #