

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000017733

1. Entity Name

MELCON, INC.



FILED

Feb 06, 2006 08:00 AM  
Secretary of State

Principal Place of Business  
3820 CHEVERLY DRIVE WEST  
LAKELAND FL 33813

Mailing Address  
3820 CHEVERLY DRIVE WEST  
LAKELAND FL 33813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3229803

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

ARTMAN, STEPHEN H  
4315 HIGHLAND PARK BLVD.  
SUITE B  
LAKELAND FL 33813

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 date if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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  
D  
LEAGUE, SUE W  
STREET ADDRESS  
3820 CHEVERLY DRIVE WEST  
CITY- ST- ZIP  
LAKELAND FL 33813

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000423747  
02/18/06-80020-015 158.75

☐ Change ☐ Addition

TITLE  
NAME  
D  
LEAGUE, MILFORD E  
STREET ADDRESS  
3820 CHEVERLY DR W  
CITY- ST- ZIP  
LAKELAND FL

☐ Delete

TITLE  
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CITY- ST- ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Milford E. League* 02/02/2006 (863) 644-7345