

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90048 018 \*\*\*150.00

DOCUMENT # P94000089227

1. Entity Name

SUE M. MELENDI, C.P.A., P.A.



Principal Place of Business

3933 ZURICH COURT  
TAMPA FL 33618-8747

Mailing Address

3933 ZURICH COURT  
TAMPA FL 33618-8747



2. Principal Place of Business - No P.O. Box #

18649 Avenue Capri

3. Mailing Address

18649 Avenue Capri

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LUTE, FLORIDA

City & State

LUTE, FLORIDA

Zip

Country

Zip

Country

4. FEI Number

59-3289188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELENDI, SUE M  
100 S ASHLEY DR  
SUITE 1650  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Sue M. Melendi

Street Address (P.O. Box Number is Not Acceptable)

18649 Avenue Capri

City LUTE

FL

Zip Code 33558

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

Sue M. Melendi

*[Signature]*

1-29-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE D  
NAME MELENDI, SUE M  
STREET ADDRESS 100 S ASHLEY DR SUITE 1650  
CITY- ST- ZIP TAMPA FL 33602

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
NAME Melendi, Sue M.  
STREET ADDRESS 18649 Avenue Capri  
CITY- ST- ZIP LUTE, FL 33558

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

813-616-0165

Daytime Phone #