

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000020290**

1. Entity Name  
**MEL-RE ASSOCIATES, INC.**



Principal Place of Business

**15051 S. TAMiami TrL  
#203  
FORT MYERS, FL 33908**

Mailing Address

**15051 S. TAMiami TrL  
#203  
FORT MYERS, FL 33908**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0653702**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TRIPP, JR., THEODORE L  
2532 E. FIRST STREET  
SUITE 101  
FORT MYERS, FL 33902**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000180100  
01/13/05-80043-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRATTON, CINDY A
STREET ADDRESS	15051 S. TAMiami TrL #203
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	VS
NAME	ADKINS, EDWARD D
STREET ADDRESS	15051 S. TAMiami TrL #203
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05

Date

(239) 444-7137

Daytime Phone #