

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 019 ***150.00

DOCUMENT # P96000054015

1. Entity Name
GEORGE DEMELLO & ASSOCIATES, INC.



Principal Place of Business
**9906 S.W. VENTURA DRIVE
PALM CITY, FL 34990**

Mailing Address
**P.O. BOX 6
PALM CITY, FL 34991**

54071382



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0671120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMELLO, GEORGE JR
9906 S.W. VENTURA DRIVE
PALM CITY, FL 34990**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DEMELLO, GEORGE JR
9906 SW VENTURA DRIVE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DEMELLO, MICHELLE
9906 SW VENTURA DRIVE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date _____

Daytime Phone # _____

Attachment
54071382
Doc. # P96000054015

August 26th, 2004

Florida Department of State
Div. of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: George DeMello & Associates, Inc.
FEIN#: 65-0671120
Document #: P96000054015
Health and Life Partners, Inc.
FEIN#: 65-0741312
Document #: P97000027563

Dear Sir or Madam:

Enclosed you will find my Florida Annual Reports for the year 2004, and two checks for the annual filing fees of \$150.00 each. This return was not filed in error, as we never received our filing forms. We had no intention of not filing these annual reports nor did we have any intention of not paying the annual fees. Please file these reports and re-instate my status on both of these corporations. Thank you for your time and attention in this matter.

Sincerely



George DeMello