


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90043 024 \*\*\*150.00

<b>DOCUMENT # P96000054015</b>	
1. Entity Name <b>GEORGE DEMELLO &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>9906 S.W. VENTURA DRIVE PALM CITY, FL 34990</b>	Mailing Address <b>9906 S.W. VENTURA DRIVE PALM CITY, FL 34990</b>
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**40067703**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0671120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DEMELLO, GEORGE JR 9906 S.W. VENTURA DRIVE PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMELLO, GEORGE JR 9906 SW VENTURA DRIVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMELLO, MICHELLE 9906 SW VENTURA DRIVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

**SIGNATURE:** *George Demello* **George Demello** **4/4/08** **772 597-6000**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

*R 027 to 5 login  
agents - florida.com  
division agency*  
**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**  
*my profile*  
*also ID login*  
**ATTACHMENT**  
**40067703**  
*request duplicate*

<b>DOCUMENT # P96000054015</b> 1. Entity Name <b>GEORGE DEMELLO &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>9906 S.W. VENTURA DRIVE PALM CITY FL 34990</b>			Mailing Address <b>9906 S.W. VENTURA DRIVE PALM CITY FL 34990</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>DEMELLO, GEORGE JR 9906 S.W. VENTURA DRIVE PALM CITY FL 34990</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>DEMELLO, GEORGE JR 9906 SW VENTURA DRIVE PALM CITY FL 34990</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000661182 03/20/07-80031-012 150.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>DEMELLO, MICHELLE 9906 SW VENTURA DRIVE PALM CITY FL 34990</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <i>George Demello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/6/07</b> Daytime Phone #: <b>772-597-6000</b>		



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT

40067703

April 8, 2008

GEORGE DEMELLO & ASSOCIATES, INC.  
9906 S.W. VENTURA DRIVE  
PALM CITY, FL 34990

SUBJECT: GEORGE DEMELLO & ASSOCIATES, INC.  
Ref. Number: P96000054015

We have received your document for GEORGE DEMELLO & ASSOCIATES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 308A00020541

*Completed  
as requested  
Thanks  
[Signature]  
See attached*