

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90003 019 ***150.00

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1. Entity Name
DOUBERLY MELON SALES, INC.



Principal Place of Business
**13720 SW 4TH LANE
NEWBERRY, FL 32669 US**

Mailing Address
**13720 SW 4TH LANE
NEWBERRY, FL 32669 US**

40042958



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3454471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANCASTER, SHEREE H
109 EAST WADE STREET
TRENTON, FL 32693**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
DOUBERLY, WILLIAM P SR.
3749 SOUTHEAST 57TH COURT
TRENTON, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
**D
DOUBERLY, WILLIAM P JR.
13720 SW 4TH LANE
NEWBERRY, FL 32669**

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
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TITLE
NAME
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CITY-ST- ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #