

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90496 020 \*\*\*158.75

54039731



01062004 Chg-P CR2E034 (10/03)

4. FFI Number 65-0806485  
Applied For Not Applicable

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

DOCUMENT # P98000004007  
1. Entity Name  
GREGORY E. MELTON, CPA, P.A.

Principal Place of Business 49 SW SEMINOLE STREET SUITE 101 STUART, FL 34994  
Mailing Address 49 SW SEMINOLE ST. SUITE 101 STUART, FL 34994

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address 49 SW Seminole St. Suite 101 Stuart, FL 34994

6. Name and Address of Current Registered Agent  
MELTON, GREGORY E  
49 SW SEMINOLE STREET SUITE 101  
STUART, FL 34994

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MELTON, GREGORY E 49 SW SEMINOLE STREET SUITE 101 STUART, FL 34994 <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 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 it 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, or in any other like empowered.

SIGNATURE: [Signature] 4/12/04  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #