


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005327
 1. Entity Name
 MELVIN AND ASSOCIATES, INC.



Principal Place of Business 1926 SPRUCE COURT MAITLAND, FL 32751	Mailing Address 1926 SPRUCE COURT MAITLAND, FL 32751
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3494115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELVIN, PAMELA J
 1926 SPRUCE CT
 MAITLAND, FL 32751

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, 2004 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 MELVIN, PAMELA 1926 SPRUCE COURT MAITLAND, FL 32751
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 04/09/04-80030-011 150.00

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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 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: *Pamela Jo Melvin* PAMELA JO MELVIN 4-5-04 998-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #