

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000057926

1. Entity Name

MICHAEL MELTON CARPENTRY, INC.



FILED
Feb 03, 2005 08:00 AM
Secretary of State

Principal Place of Business

11953 47TH ROAD, NORTH
ROYAL PALM BEACH, FL 33411

Mailing Address

11953 47TH ROAD, NORTH
ROYAL PALM BEACH, FL 33411



02012005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0849701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELTON, MICHAEL
11953 47TH RD. NO.
ROYAL PALM BEACH, FL 33411

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MELTON, MICHAEL
STREET ADDRESS 11953 47TH RD NO
CITY-ST-ZIP ROYAL PALM BCH, FL 33411

TITLE V
NAME MELTON, SANDRA
STREET ADDRESS 11953 47TH RD NO
CITY-ST-ZIP ROYAL PALM BCH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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02/03/05-80050-005 150.00

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 #

1/31/05 561-795-9225