

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

01-31-2005 90047 017 ***150.00

DOCUMENT # P98000059404 1. Entity Name TULMEL SYSTEMS, INC.					
Principal Place of Business 4600 SMITHFIELD ROAD MELBOURNE FL 32934			Mailing Address 4600 SMITHFIELD ROAD MELBOURNE FL 32934		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3526117 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				BY: _____ 66003415 	
6. Name and Address of Current Registered Agent ABLING, MADELIENE C 2210 FRON ST., #101 MELBOURNE FL 32901				7. Name and Address of New Registered Agent Name: <u>Charles L. Snell Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4600 Smithfield Road</u> City: <u>Melbourne</u> FL Zip Code: <u>32934</u>	
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: <u>[Signature]</u> <u>Charles L. Snell Jr. President/CEO</u> <u>1/25/05</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD SNELL, CHARLES L JR 4600 SMITHFIELD ROAD MELBOURNE FL 32934 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNELL, CYNTHIA M 4600 SMITHFIELD ROAD MELBOURNE FL 32934 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTIER, JULIA S 8782 PINE BARRENS DR. ORLANDO FL 32817 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATEJIC, NENAD 2132 SOUTH FULTON TULSA OK 74114 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, ROBERT L 505 LATANIA PALM DR Latania Palm Drive INDIALANTIC FL 32903 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Cynthia M. Snell</u> <u>Cynthia M. Snell</u> <u>3/1/05</u> <u>321-259-9766</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					