


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000059388</b> 1. Entity Name <b>MELWOOD CREEK, INC.</b>			
Principal Place of Business <b>2614 MELWOOD DRIVE MELBOURNE FL 32901</b>		Mailing Address <b>PO BOX 2591 MELBOURNE FL 32902</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>SCHNATZ, STEPHEN J 2614 MELWOOD DRIVE MELBOURNE FL 32901</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FCI Number <b>59-8869234</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and file if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHNATZ, STEPHEN 2614 MELWOOD DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHNATZ, DONNA M 2614 MELWOOD DRIVE MELBOURNE FL 32901	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/05)

**\$8.75** Additional  
Fee Required

**FL** Zip Code

**\$5.00** May Be  
Added to Fees

1100000550768  
05/13/06-80067-018 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Donna M. Schnatz*  
4/26/06 321.782.0107  
Date Daytime Phone #