


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000097715 1. Entity Name MELPAC INVESTMENTS, INC.	
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Principal Place of Business 3124 MASTERS DR CLEARWATER, FL 33761	Mailing Address 3124 MASTERS DR CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3607194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOX, GREGORY A
28050 US 19 N, SUITE 100
CLEARWATER, FL 33761**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPT PACKLER, MEL A 3124 MASTERS DR CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKLER, MARLENE 3124 MASTERS DR CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHECHTER, SAUL 2 SEASIDE LANE 504 BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, SUZANNE J 2 SEASIDE LANE BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/08-80005-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Mel A Packer, President* **2/3/08** **813-884-3160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #