

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097715

Entity Name: MELPAC INVESTMENTS, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

3124 MASTERS DR
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3124 MASTERS DR
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3607194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: PACKLER, MEL A
Address: 3124 MASTERS DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: PACKLER, MARLENE
Address: 3124 MASTERS DR
City-St-Zip: CLEARWATER, FL 33761

Title: DVS (X) Delete
Name: SCHECHTER, SAUL
Address: 2 SEASIDE LANE 504
City-St-Zip: BELLEAIR, FL 33756

Title: D (X) Delete
Name: SCHECHTER, SUZANNE J
Address: 2 SEASIDE LANE
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPS (X) Change () Addition
Name: PACKLER, MARLENE
Address: 3124 MASTERS DR
City-St-Zip: CLEARWATER, FL 33761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEL A. PACKLER

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date