

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90202 029 ***150.00

DOCUMENT # S32472



1. Entity Name
MEL-KISH-MAR CONSTRUCTION ENTERPRISES, INC.

Principal Place of Business
**2307 E COLUMBUS DRIVE
TAMPA, FL 33605**

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3047605	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCQUAY, MELVIN C.
2307 EAST COLUMBUS DRIVE
TAMPA, FL 33605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renaming)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP
NAME
MCQUAY, MELVIN C.
STREET ADDRESS
7703 W HANNA AVE.
CITY-ST-ZIP
TAMPA, FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MCQUAY, MELVIN C
2307 E COLUMBUS DRIVE
TAMPA, FL 33605**

Change Addition

TITLE
S
NAME
REGINALD C. GARTH
STREET ADDRESS
1608 E MOBILE AVE
CITY-ST-ZIP
TAMPA, FL 33610

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
VPT
NAME
ROSS, VERNETTA A.
STREET ADDRESS
2307 E COLUMBUS DR.
CITY-ST-ZIP
TAMPA, FL 33605

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

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 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

28 APRIL 2005 813-2473261

Date

Daytime Phone #