


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000003996

1. Entity Name  
 STANLEY H. MEADOWS, P.C.



Principal Place of Business      Mailing Address

227 WEST MONROE STREET      227 WEST MONROE STREET  
 CHICAGO, IL 60606-5096      CHICAGO, IL 60606-5096

**DO NOT WRITE IN THIS SPACE**



02012005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

36-3387105      Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, IRA J  
 201 S. BISCAYNE BLVD., 22ND FLOOR  
 MIAMI, FL 33131-4336

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when re-instating)

**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

U000000255633  
 03/08/05-80022-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	MEADOWS, STANLEY H
STREET ADDRESS	227 WEST MONROE STREET
CITY-ST-ZIP	CHICAGO, IL 606065096
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stanley H. Meadows      Date: Feb 2, 2005      Daytime Phone #: 312-984-7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR