

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# H88670

Entity Name: MEADOWVIEW CORP.

**Current Principal Place of Business:**

2600 W BLACK DIAMOND CR  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10,000  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 59-2642260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK A. STILLWELL, LLC  
BANK OF INVERNESS BUILDING  
320 HIGHWAY 41 SOUTH  
INVERNESS, FL 34450 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: P ( ) Delete  
Name: OLSEN, STANLEY C  
Address: 2600 W BLACK DIAMOND CR  
City-St-Zip: LECANTO, FL 34461

Title: VT ( ) Delete  
Name: OLSEN, ELIZABETH M.  
Address: 2600 W BLACK DIAMOND CR  
City-St-Zip: LECANTO, FL 34461

Title: S ( ) Delete  
Name: TAYLOR, MARINA  
Address: 2600 W BLACK DIAMOND CR  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: MARINA TAYLOR

S

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date