

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L95165 1. Entity Name M.E.O.W., INCORPORATED	
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Principal Place of Business 15551 NW HWY 441 ALACHUA, FL 32615-9169 US	Mailing Address P O BOX 2169 ALACHUA, FL 32616
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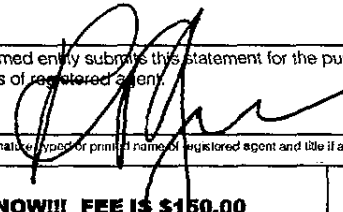
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02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3025859	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, RICHARD 408 W UNIVERSITY AVENUE STE. 500 GAINESVILLE, FL 32601	DO NOT WRITE IN THIS SPACE
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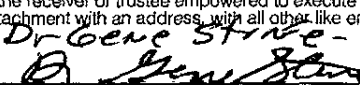
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	9/6/05
SIGNATURE  Signature typed or printed name of registered agent and title if applicable	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STINE, GENE 3929 N.W. 20 LANE GAINESVILLE, FL 32605
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04/09/05-80050-017 150.00

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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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/8/2005 352-538-4761 Date Daytime Phone #
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