


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 191705 1. Entity Name MEADOWS SOUTHERN CONSTRUCTION COMPANY	
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Principal Place of Business P O BOX 10 ROUTE 4 SOUTH GASSAWAY, WV 26624	Mailing Address P O BOX 10 ROUTE 4 SOUTH GASSAWAY, WV 26624
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1484537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, CHERYL 5712 OLEANDER DR ORLANDO, FL 32807
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEADOWS, KENTON RT 4 NORTH GASSAWAY, WV 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANKS, HERBERT RT 4 SOUTH GASSAWAY, WV 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEADOWS, ACEL RT 4 NORTH GASSAWAY, WV 00000.
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03/22/04-80029-005 150.00

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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)(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: Kenton Meadows **KENTON MEADOWS** **PRISM 3-19-04** **304-364-5151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #