2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 212488

1. Entity Name
MERIDITH CORPORATION

Principal Place of Business	Mailing Address
28 JOINER ST % EVA M. MERIDITH WINTER GARDEN, FL 34787 US	28 JOINER STREET % EVA M. MERIDITH WINTER GARDEN, FL 34787 US

DO NOT WRITE IN THIS SPACE

02142005 No Chg-P CR2E031 (10/03)

4. FEI Number
59-0833287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MERIDITH, EVA M.
28 JOINER STREET
WINTER GARDEN, FL 34787

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

U00000235117
02/18/05-80048-009 150.00

10. OFFICER AND DIRECTOR

Title	PD
Name	MERIDITH, EVA M
Street Address	28 JOINER STREET
City-State-Zip	WINTER GARDEN, FL
Title	SI
Name	KRAFT, DEBRA
Street Address	28 JOINER STREET
City-State-Zip	WINTER GARDEN, FL
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

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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 an attachment with an address, with all other like empowered.

SIGNATURE: Debra Kraft Debra Kraft 2-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #