

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90112 011 \*\*\*150.00

**DOCUMENT # 232718**

1. Entity Name

MEACHAM & CO INC



Principal Place of Business

880 HARBOR HILL DR  
SAFETY HARBOR FL 34695  
US

Mailing Address

PO BOX 1438  
SAFETY HARBOR FL 34695  
US



2. Principal Place of Business - No P.O. Box #

4343 Lakeshore Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1438

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Palm Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-0942867

Applied For

Not Applicable

Zip

34685

Country

Pine Hls

Zip

34695

Country

Pine Hls

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEACHAM, THOMAS J.  
4343 LAKESHORE DR  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

CALL

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	MEACHAM, JEANNE H.	
STREET ADDRESS	4343 LAKESHORE DR.	
CITY- ST- ZIP	PALM HARBOR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MEACHAM, THOMAS J.	
STREET ADDRESS	4343 LAKESHORE DR.	
CITY- ST- ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

T.J. Meacham

T.J. Meacham

1-30-07

727/772-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #