


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 301270	
1. Entity Name MEADOW OAKS, INC.	

Principal Place of Business 1140 SOUTH BROADWAY BARTOW, FL 33830	Mailing Address 1140 SOUTH BROADWAY BARTOW, FL 33830
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1616435		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
WILSON, HELEN ISABELLE 1140 S BROADWAY BARTOW, FL 33830

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PUTNAM, DAPHNE. BOSWEL
STREET ADDRESS	125 LAKE OTIS RD.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D <input type="checkbox"/> Delete
NAME	ASHLEY, CHRISTINA
STREET ADDRESS	3347 THORNWOOD DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD <input type="checkbox"/> Delete
NAME	BOSWELL-BUTLER, VALERIE
STREET ADDRESS	1365 SWEARIN AVE
CITY-ST-ZIP	BARTOW, FL
TITLE	P <input type="checkbox"/> Delete
NAME	BOSWELL III, CLARENCE A
STREET ADDRESS	FLORAL AVENUE
CITY-ST-ZIP	BARTOW, FL
TITLE	SDT <input type="checkbox"/> Delete
NAME	WILSON, HELEN ISABELLE
STREET ADDRESS	1140 S BROADWAY
CITY-ST-ZIP	BARTOW, FL 00000,
TITLE	VP <input type="checkbox"/> Delete
NAME	FOMAN, ASHLEY LEWIS D.
STREET ADDRESS	369 S LAKE DRIVE
CITY-ST-ZIP	PALM BCH, FL

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Helen Isabelle Wilson March 3-05 (863) 533-5022