2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 301270

Entity Name: MEADOW OAKS, INC.

Current Principal Place of Business:

1140 SOUTH BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1981
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-1616435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSWELL III, CLARENCE A
1280 S FLORAL AVE
BARTOW, FL 33831 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PUTNAM, DAPHNE. BOSWEL	
Address:	125 LAKE OTIS RD.	
City-St-Zip:	WINTER HAVEN, FL	
Title:	D	( ) Delete
Name:	ASHLEY, CHRISTINA	
Address:	3347 THORNWOOD DR	
City-St-Zip:	SARASOTA, FL	
Title:	VD	( ) Delete
Name:	BOSWELL-BUTLER, VALERIE	
Address:	1365 SWEARIN AVE	
City-St-Zip:	BARTOW, FL	
Title:	P	( ) Delete
Name:	BOSWELL III, CLARENC, E A	
Address:	FLORAL AVENUE	
City-St-Zip:	BARTOW, FL	
Title:	SDT	( ) Delete
Name:	WILSON, HELEN ISABEL, LE	
Address:	1140 S BROADWAY	
City-St-Zip:	BARTOW, FL 00000,	
Title:	VP	( ) Delete
Name:	FOMAN, ASHLEY LEWIS, D.	
Address:	369 S LAKE DRIVE	
City-St-Zip:	PALM BCH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE A BOSWELL, III P 01/27/2009

Electronic Signature of Signing Officer or Director — Date