2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM **DOCUMENT # 306509 Secretary of State** 1. Entity Name MEEHAN STATIONERY COMPANY, INC. Principal Place of Business Mailing Address PO BOX 248 900 E NEW HAVEN AV MELBOURNE, FL 32902 MELBOURNE, FL 32901 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1143356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEEHAN, DENNIS J TREAS. DO NOT WRITE 900 E. NEW HAVEN AVENUE MELBOURNE, FL 32901 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, typed or printed name of registered agent and lide if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MEEHAN, RONALD J NAME STREET ADDRESS 627 ORANGE GROVE AVE MELBOURNE, FL CITY-ST-ZIP STD TITLE MEEHAN.DENNIS J NAME STREET ADDRESS 1310 E. PROSPECT AVE. CITY-ST-ZIP MELBOURNE, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 of 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:

CITY-ST-ZIP

MATLINE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

0-05 33

321-727-3600

Daytime Phone ≢

FILED