2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **DOCUMENT # 311418 Secretary of State** 1. Entity Name MERIWETHER FARMS INC Principal Place of Business Mailing Address 626 EAST 20TH STREET 826 EAST 20TH STREET SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1156703 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERIWETHER, WALTER H Street Address (P.O. Box Number is Not Acceptable) 826 E 20TH ST SANFORD FL 32771 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 access the obligations of registered agent. 11000000418548 02/14/06-80010-022 150.00 SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constability) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS to. 11. TITLE VD Deleje TITLE Change AAA NAME MERIWETHER JR, WALTER H NAME STREET ADDRESS STREET ADDRESS RT.2, BOX 35A CITY-ST-ZIP CRY-ST-ZIP SANFORD FL 32771 TITLE PTD Aratini Delete HILE ☐ Change NAME NAME MERIWETHER, HELEN STREET AODRESS STREET ADDRESS 826 EAST 20TH STREET City - ST - ZIP SANFORD FL 32771 CHY-ST-ZIP Delete Change Addition 1 SD MARK NAME WEAVER, PAMELA STREET ADDRESS. STREET ADDRESS 1650 51ST COURT CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 TITLE ☐ Detete DDF Change Addisi-NAME STREET ADDRESS STREET ADDRESS CITY-SI-789 E)TY-ST-ZIP TITLE Defete ☐ Change RILE April April 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLL ☐ Change T Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CSTY-ST-712

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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: Will & May & Halan L. Meriwether