


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 328201</b> 1. Entity Name MEREDITH REALTY, INC.	
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Principal Place of Business 1649 FORUM PLACE SUITE 11 WEST PALM BEACH, FL 33401	Mailing Address 1649 FORUM PLACE SUITE 11 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1212191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRBY, JOSEPH H  
1649 FORUM PLACE  
SUITE 11  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000183720 01/20/05-80001-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRBY, JOSEPH H. 1649 FORUM PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MEREDITH, SARA B. 1649 FORUM PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEREDITH, SARA B. 1649 FORUM PLACE WEST PALM BEACH, FL
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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 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:** Joseph H. Kirby Joseph H. Kirby 1/11/05 561-689-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #