

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 516193

1. Entity Name

KANAPAH MEADOWS, INC.



Principal Place of Business

5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US

Mailing Address

5517 SW 69 TERRACE
GAINESVILLE, FL 32608 US



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1716344

Applied For
Not Applicab/e

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BRICE, CARLA
5517 SW 69 TERRACE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, DAVID M.
5517 SW 69 TERRACE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
COX, ALISON
5517 SW 69 TERRACE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERENCE, STEPHANIE A
5517 SW 69 TERRACE
GAINESVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MACKAY, ROBERT
5517 SW 69 TERR
GAINESVILLE, FL 32608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000409683
02/09/06-80005-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer who is empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Miller 1/26/06 352-372-7736
President

Date

Daytime Phone #