

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90031 021 ***550.00

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07242008 Chg-P CR2E034 (12/06)

DOCUMENT # 636303			
1. Entity Name FRED MEYER, INC.			
Principal Place of Business 4753 ANTLER TRAIL SARASOTA, FL 34238 US		Mailing Address 4753 ANTLER TRAIL SARASOTA, FL 34238 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 309 BLYTH CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LONGWOOD, FL	
Zip	Country	Zip	Country
		32779	US
4. FEI Number 59-1938618		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, B. FRED 4753 ANTLER TRAIL SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name JOHN P. MEYER Street Address (P.O. Box Number is Not Acceptable) 309 BLYTH CT City LONGWOOD FL Zip Code 32779	
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, applicable		JOHN P. MEYER PRES. 8/1/08 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, B. FRED PRES 4753 ANTLER TRAIL SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, JOHN P. PRES 309 BLYTH CT LONGWOOD, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/1/08 407-760-0145 Date Daytime Phone #	