

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 652221

1. Entity Name  
MEISTER ENTERPRISES, INC.



Principal Place of Business  
200 NORTH FLORIDA AVENUE  
P.O. BOX 308  
WAUCHULA, FL 33873

Mailing Address  
200 NORTH FLORIDA AVENUE  
P.O. BOX 308  
WAUCHULA, FL 33873

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1980655

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KROLL, M. JOAN  
200 NORTH FLORIDA AVENUE  
P.O. BOX 308  
WAUCHULA, FL 33873

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MEISTER, JUDITH S.  
STREET ADDRESS 1901 YORK LANE  
CITY-ST-ZIP HIGHLAND PARK, IL

TITLE SD  
NAME KROLL, M. JOAN  
STREET ADDRESS 200 N. FLORIDA AVE.  
CITY-ST-ZIP WAUCHULA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000327124  
04/25/05-80025-002 150.00

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IN THIS SPACE**

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: Ellen Joan Kroll, Corp. Secy.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 8637739469  
Date Daytime Phone #