

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 20, 2006 08:00 AM
Secretary of State

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**



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1980655

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

**U00000520037
05/02/06-80079-005 150.00**

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

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STREET ADDRESS
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: *M. Joan Kroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06
Date

863-773-9469
Daytime Phone #