

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-12-2008 90030 009 ***150.00

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

66013193



04232008 No Chg-P CR2E034 (11/05)

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, 2008 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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, Corp Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-08 863-7739469

Date

Daytime Phone #