

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 840502

1. Entity Name
K. P. MEIRING CONSTRUCTION, INC.



Principal Place of Business
1715 LAKESIDE AVE
5
SAINT AUGUSTINE, FL 32084

Mailing Address
1715 LAKESIDE AVE
5
SAINT AUGUSTINE, FL 32084



06152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1312997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEIRING, KENNETH P
1715 LAKESIDE AVE, #5
SAINT AUGUSTINE, FL 32084

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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 *Kenneth P. Meiring*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/15/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MEIRING, KENNETH P
STREET ADDRESS 2501 S POINTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ST
NAME MEIRING, PATRICIA
STREET ADDRESS 2501 S POINTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000162741
06/21/04-80001-015 150.00

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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 *Kenneth P. Meiring*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04 984810510
Date Daytime Phone #