

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90003 010 ***150.00

DOCUMENT # F02000002129	
1. Entity Name THE MEKSTO GROUP, INC.	

Principal Place of Business 616 ENTERPRISE DRIVE, SUITE 202 OAK BROOK IL 60523	Mailing Address 616 ENTERPRISE DRIVE, SUITE 202 OAK BROOK IL 60523
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04007140



MOORE CR2E034 (11/03)

2. Principal Place of Business 825 NORTH CASS AVE	3. Mailing Address 825 NORTH CASS AVE
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
City & State WESTMONT, ILL.	City & State WESTMONT, ILL.
Zip 60559	Country USA

4. FEI Number 36-4097402	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMSLEY, CHARLES J ESQ. 3909 N.E. 163RD STREET, SUITE 304 NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

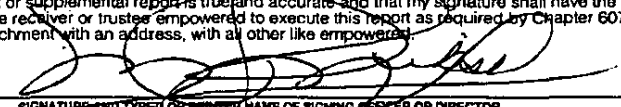
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSCD MEKSTO, MICHAEL P 616 ENTERPRISE DRIVE, SUITE 202 OAK BROOK IL 60523 ☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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:  **4/22/04** **312 835 1719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #