2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000002159

1. Entity Name
MEEKS + PARTNERS CO.

Principal Place of Business	Mailing Address
16000 MEMORIAL DRIVE, SUITE 100 HOUSTON, TX 77079	16000 MEMORIAL DRIVE, SUITE 100 HOUSTON, TX 77079

DO NOT WRITE IN THIS SPACE

03082007   No. Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
55-0787361	Not Applicable

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

6. Name and Address of Current Registered Agent

KRIST, JOHN A JR.
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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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

H00000681216
04/04/07-80032-025 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	MEEKS, DONALD J
STREET ADDRESS	16000 MEMORIAL DRIVE, SUITE 100
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	STCD
NAME	MEEKS, DONALD J
STREET ADDRESS	16000 MEMORIAL DRIVE, SUITE 100
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	PD
NAME	PREJEAN, JON
STREET ADDRESS	16000 MEMORIAL DRIVE, SUITE 100
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	PD
NAME	PETCHSRISOM, SOMIKAT
STREET ADDRESS	16000 MEMORIAL DRIVE, SUITE 100
CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   03/08/07   281-558-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #