2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2007 08:00 AM **DOCUMENT # F46354** Secretary of State 1. Entity Name MEEKS REALTY, INC. Principal Place of Business Mailing Address 4020 W CAYUGA ST 275 BAYSHORE BLVD **TAMPA. FL 33614** APT #603 TAMPA, FL 33606 01062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2135401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POTTS, LOREN PA DO NOT WRITE 1304 S. DESOTO AVE 200 **TAMPA, FL 33606** 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 Signifiure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE U00000579621 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/10/07-80014-021 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME MEEKS, GRETA H STREET ADDRESS 275 BAYSHORE BLVD #603 CITY-ST-ZIP TAMPA, FL 33606 TOTALE. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

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