

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 025 ***150.00

DOCUMENT # G14174 1. Entity Name KENNETH M. MEYER, P.A.					
Principal Place of Business 300 S. PINE ISLAND ROAD SUITE 261 PLANTATION, FL 33324 US			Mailing Address 10203 N.W. 7TH COURT PLANTATION, FL 33324 US		
2. Principal Place of Business 6991 W. Broward Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 114			
City & State Plantation, Florida		City & State Plantation, Florida		4. FEI Number 59-2260078	
Zip 33324		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, KENNETH M. 300 S. PINE ISLAND ROAD SUITE 261 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Kenneth M. Meyer Street Address (R.O. Box Number is Not Acceptable) 6991 W. Broward Blvd. Suite 114 City Plantation FL Zip Code 33317	
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 M. Meyer, President 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEYER, KENNETH M 10203 N.W. 7TH CT. PLANTATION, FL 33324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 M. Meyer, President 4/29/04 (954) 382-0575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					