

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 014 ***150.00

DOCUMENT # G59154 1. Entity Name DAN MEYERS, INC.					
Principal Place of Business % DANIEL T. MEYERS 5909 W. BOB HEAD RD. PLANT CITY, FL 33565 US			Mailing Address % DANIEL T. MEYERS 5909 W. BOB HEAD RD. PLANT CITY, FL 33565		
2. Principal Place of Business 5907 BOB HEAD RD Suite, Apt. #, etc.			3. Mailing Address 5907 BOB HEAD RD Suite, Apt. #, etc.		
City & State PLANT CITY, FL		City & State PLANT CITY, FL		4. FEI Number 59-2503893	
Zip 33565		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, DANIEL T. 5909 W BOB HEAD RD. PLANT CITY, FL 33566			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div> DANIEL T. MEYERS, PRESIDENT JANE MEYERS, VICE PRESIDENT SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 2/5/04 2/5/04 DATE </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			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	PD MEYERS, DANIEL T. 5909 W BOB HEAD RD. PLANT CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5907 BOB HEAD RD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MEYERS, JANE E. 5909 W BOB HEAD RD. PLANT CITY, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5907 BOB HEAD RD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: DANIEL T. MEYERS, PRESIDENT JANE MEYERS, VICE PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <div> 2/5/04 2/5/04 Date </div> <div> 813-546-8361 Daytime Phone # </div> </div>					

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