

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G72933 1. Entity Name CURTIS D. MEADE, INC.			
Principal Place of Business 4301 TROON LANE BOYNTON BCH, FL 33436 US		Mailing Address PO BOX 3459 BOYNTON BCH, FL 33424 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MEADE, CURTIS D 4301 TROON LN BOYNTON BCH, FL 33436		DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MEADE, CURTIS D 4301 TROON LANE BOYNTON BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEADE, MICHELLE 4301 TROON LANE BOYNTON BCH, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/1/06 (56) 742-1140 Date Daytime Phone #	