


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # G85936 1. Entity Name ELLEN MEADE STUDIOS, INC.	
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Principal Place of Business 1323 63RD AVE. E. BRADENTON, FL 34203-7735	Mailing Address 1323 63RD AVE. E. BRADENTON, FL 34203-7735
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03052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2395853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEADE, ELLEN 1323 63RD AVE. E. BRADENTON, FL 34203
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**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	PO MEADE, ELLEN 1323 63RD AVENUE, E. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEADE, AUDREY 1323 63RD AVE. E. BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, CRAIG A 1323 63RD AVE E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADE, ROWE A 1323 63RD AVE E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000458897
03/18/06-80005-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Ellen Meade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06 94-755-1757
Date Daytime Phone