

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # G92373

1. Entity Name
MEDIEEL INVESTMENT, INC.



Principal Place of Business
**3714 SE 12TH AVE
APT #102A
CAPE CORAL, FL 33904-4752**

Mailing Address
**3714 SE 12TH AVE
APT #102A
CAPE CORAL, FL 33904-4752**



03042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2398098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, ROBERT
3714 SE 12TH AVE
APT #102A
CAPE CORAL, FL 33904**

**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, 2007 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
**PD
HANNA, FREDERICK M.
2263 ABBOTSBURG DR
BURLINGTON, ONTARIO,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HANNA, JOHN R.
RURAL ROUTE 1
MILLGROVE, ONT,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
HANNA, ROBERT
3714 SE 12TH AVE #102A
CAPE CORAL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Hanna

ROBERT HANNA

MARCHE 20/07

239-549-9934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

U00000677655
04/02/07-80001-024 150.00

**DO NOT WRITE
IN THIS SPACE**