

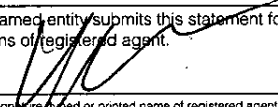
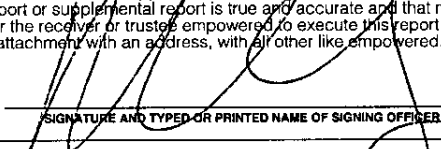


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90218 049 \*\*\*150.00

<b>DOCUMENT # H31575</b> 1. Entity Name <b>MEADOWS PROPERTIES, INC.</b>					
Principal Place of Business <b>310 HWY 542 DUNDEE, FL 33838</b>			Mailing Address <b>P.O. BOX 668 DUNDEE, FL 33838</b>		
2. Principal Place of Business <b>6250 HAZELTINE NAT'L DR</b> Suite, Apt. #, etc. <b>SUITE 114</b> City & State <b>ORLANDO FL</b> Zip <b>328225102</b>		3. Mailing Address <b>6250 HAZELTINE NAT'L DR</b> Suite, Apt. #, etc. <b>SUITE 114</b> City & State <b>ORLANDO FL</b> Zip <b>328225102</b>			
04202004      Chg-P      CR2E034 (10/03)		4. FEI Number <b>59-2467535</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <b>MEADOWS, WAYMON E 404 RIDGEWOOD AVENUE DUNDEE, FL 33838</b>			
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="float: right;"> <b>FL</b>      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.  SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)      DATE:			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEADOWS, WAYMON E 404 RIDGEWOOD AVENUE DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MEADOWS, JULIA A 404 RIDGEWOOD AVE DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, KEVIN 1402 BLUFF LOOP DUNDEE, FL 33838	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, KEVIN 10176 HART BRANCH CIR ORLANDO, FL 32832	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____					