

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05024

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: MEADOWS BUSINESS SYSTEMS INCORPORATED

**Current Principal Place of Business:**

1057 CEPHAS RD  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

1057 CEPHAS RD  
CLEARWATER, FL 33765 US

**New Mailing Address:**

FEI Number: 59-2639449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEADOWS, JERRILEE SKIP  
2842 QUAIL HOLLOW ROAD  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOT ( ) Delete  
Name: MEADOWS, JERRILEE  
Address: 2842 QUAIL HOLLOW RD.  
City-St-Zip: CLEARWATER, FL 33761

Title: S ( ) Delete  
Name: MEADOWS, ROBERT T  
Address: 2842 QUAIL HOLLOW RD.  
City-St-Zip: CLEARWATER, FL 33761

Title: P ( ) Delete  
Name: MEADOWS, ANDREW D  
Address: 1203 WILLOWICK CIR  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW D. MEADOWS

P

01/09/2008

Electronic Signature of Signing Officer or Director

Date