2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 01, 2004 8:00 am Secretary of State

DOCUMENT # J08671 1. Entity Name MEADOWVALE REALTY, INC.							04-01-2004 90021 044 ***150.00						
Principal Place	Mailing Address		l			-							
% JOHN H. W			% JOHN H. WILLIAMS										
P.O. BOX 426 CRYSTAL RIVER, FL 34423 US			P.O. BOX 426 CRYSTAL RIVER, FL 34423 US										
2. Principal Place of Business			3. Mailing Address			1	 	(90.19) (0.11,0 9.11,1,15,0,6,1) 1	 	II BURIN BURIN BARA	ii) II iboi		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02052004	Chg-P	CR2E0	34 (10/03)			
City & State			City & State			4. FEI Number 59-270				olied For Applicable			
Zip	Country		Zip Cour		ry			of Status Desired		\$8.75 Addi	tional		
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent							
WILLIAMS	IOHN H				Name								
154 SE 7T	H AVE			Street Address (P.O. Box Number is Not Acceptable)									
CRYSTAL	RIVER, F	L 32629											
i				City				FL	Zip Code				
a The above	ad entil	the statement for	- the process of changing its	- register	<u> </u>	- adding	ont or ho	the the Clase of El		· <u> </u>			
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 NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.													
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11		
TITLE					.E	D		-		K) Change	☐ Addition		
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CITY-ST-ZIP		- <u> </u>			ry-st-zip	<u> </u>							
12. I hereby indicate	certify that I	he information supplied with	h this filing does not qualify is true and accurate and tha	for the ex t my sign	remption sta	ited in Se	ection 119.07(3 same legal effe	i)(i), Florida Statutes ect as il made unde	, I further ce r oath; that I	ertify that the in am an officer	nformation or director		
indicated on this report or supplemental report is true and accurate and that my signature shall lave the same legal attention of the received or trustee empowered to elecute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all those like empowered.													
SIGNATURE: New Passonario MARY MARIK PAINE Charakiglof													
SIGNATURE:													