


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J08671 | |
| 1. Entity Name MEADOWVALE REALTY, INC. | |
|  | |
| Principal Place of Business % JOHN H. WILLIAMS P.O. BOX 426 CRYSTAL RIVER, FL 34423 US | Mailing Address % JOHN H. WILLIAMS P.O. BOX 426 CRYSTAL RIVER, FL 34423 US |



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2703044 | 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

WILLIAMS, JOHN H.
154 SE 7TH AVE
CRYSTAL RIVER, FL 32629

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

U00000899823
04/29/08-80004-017 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LAINE, MARIE UNIT 16 55 FALCONER DRIVE MISSISSAUGA, ONTARIO, CA L5N1B3 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LAINE, KENNETH D UNIT 16 55 FALCONER DRIVE MISSISSAUGA, ONTARIO, CA L5N1B3 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #