

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51696

Entity Name: D. G. MEYER, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

345 MADISON AVENUE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 730008
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 59-2764576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, BRENT T
170 E GRANADA BLVD
ORMOND BCH, FL 32176 US

Name and Address of New Registered Agent:

JENKINS, BRENT T
1414 W GRANADA BLVD
ORMOND BCH, FL 32174 US

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:

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, DONALD G.,
Address: STATE RD 40, PO BOX 3272
City-St-Zip: ORMOND BEACH, FL

Title: VD () Delete
Name: BERGER, JOSEPH,
Address: 12 CHINA MOON DR
City-St-Zip: ORMOND BCH, FL

Title: SD (X) Delete
Name: REED, ROBERT S.,
Address: 1204 SUNLAND ROAD
City-St-Zip: DAYTONA BEACH, FL

Title: VP () Delete
Name: JONES, STEVEN K.,
Address: 189 ROYAL PARK RD
City-St-Zip: LAKE HELEN, FL

Title: T () Delete
Name: LONGFRITZ, LINDA
Address: 6 TRACEWAYS CT
City-St-Zip: ORMOND BCH, FL

Title: S () Delete
Name: BAZZLE, ELLIOTT D
Address: 1809 BISCAYNE DR
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEYER, DONALD G.,
Address: 3272 STATE RD 40
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change () Addition
Name: BERGER, JOSEPH,
Address: 12 CHINA MOON DR
City-St-Zip: ORMOND BCH, FL 32174

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

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

Title: T (X) Change () Addition
Name: LONGFRITZ, LINDA
Address: 6027 WINDING RIDGE LANE
City-St-Zip: PORT ORANGE, FL 32127

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA LONGFRITZ

T

06/30/2005

Electronic Signature of Signing Officer or Director

Date