

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51696

Entity Name: D. G. MEYER, INC.

FILED  
Apr 08, 2008  
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  
1414 W GRANADA BLVD  
ORMOND BCH, FL 32174 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: PD ( ) Delete  
Name: MEYER, DONALD G.,  
Address: 122 DEEP WOODS WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: BERGER, JOSEPH E.,  
Address: 12 CHINA MOON DR  
City-St-Zip: ORMOND BCH, FL 32174

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: 6027 WINDING RIDGE LANE  
City-St-Zip: PORT ORANGE, FL 32127

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

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: 3712 LISA LANE  
City-St-Zip: NEW SMYRNA, FL 32168

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: JANE TURNER

ADM

04/08/2008

Electronic Signature of Signing Officer or Director

Date