

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51696

Entity Name: D. G. MEYER, INC.

FILED
Apr 08, 2009
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:

PO DRAWER 730008
ORMOND BEACH, FL 32173 US

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

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: VP (X) Change () Addition
Name: BERGER, JOSEPH E
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: () 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: LINDA M LONGFRITZ

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date