


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J61715</b> 1. Entity Name DOUGLAS L. MEIER, O.D., P.A.		
Principal Place of Business 515 SPRING VALLEY DR. ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 515 SPRING VALLEY DR. ALTAMONTE SPRINGS, FL 32714 US	



03122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2772882	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**

MEIER, JULIA W.  
515 SPRING VALLEY DR.  
ALTAMONTE SPRINGS, FL 32714

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*D L R*

3/22/05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	MEIER, DOUGLAS L.
STREET ADDRESS	515 SPRING VALLEY DR.
CITY-ST-ZIP	ALTAMONTE SPRGS., FL
TITLE	VS
NAME	MEIER, JULIA W.
STREET ADDRESS	515 SPRING VALLEY DR.
CITY-ST-ZIP	ALTAMONTE SPRGS., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000215937  
03/23/05-80020-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

*Douglas L Meier*  
*D L R*

3/22/05

407 7863937