

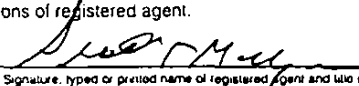
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

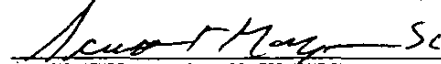
05-04-2006 90216 026 ***150.00



1st MOORE CR2E034 (10/05)

DOCUMENT # J66268			
1. Entity Name T. J. MEYER & ASSOC., INC.			
Principal Place of Business 169 JOHNNY CAKE DR NAPLES FL 34110 US		Mailing Address N331 OLD HWY 26 FORT ATKINSON WI 53538 US	
2. Principal Place of Business N 581 Blackhawk Bluff		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Milton WI		City & State	
Zip 53563	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SKIIVAN, KENT A 801 LAVIEL OAK DR SUITE #705 NAPLES FL 34108		7. Name and Address of New Registered Agent Name SKIVAN, KENT A. Street Address (P.O. Box Number is Not Acceptable) 801 Laviel Oak Drive #705 City Naples FL Zip Code 34108	
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  DATE 4/10/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MEYER, SCOTT T N. 581 BLACK HAWK BLUFF DR MILTON WI 53563 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MEYER, RAMONA G 169 JOHNNY CAKE DR NAPLES FL 34110 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Scott T. Meyer 4/10/06 920-728-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone