2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90216 026 ***150.00

DOCUMENT # J66268

1. Entity Name
T. J. MEYER & ASSOC., INC.

Principal Place of Business	Mailing Address
169 JOHNNY CAKE DR NAPLES FL 34110 US	N331 OLD HWY 26 FORT ATKINSON WI 53538 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
N 581 Blackhawk Bluff	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton WI	City & State
Zip: 53563 Country: USA	Zip Country

4. FEI Number 65-0037008 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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: Skrivan, 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 [signature] 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYER, SCOTT T		NAME	
STREET ADDRESS	N. 581 BLACK HAWK BLUFF DR		STREET ADDRESS	
CITY-ST-ZIP	MILTON WI 53563		CITY-ST-ZIP	
TITLE	VD	☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYER, RAMONA G		NAME	
STREET ADDRESS	169 JOHNNY CAKE DR		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Scott T. Meyer 4/10/06 920-728-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #