

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90020 012 ***150.00

DOCUMENT # L28324

1. Entity Name
MERIDIAN CONSTRUCTION AND DEVELOPMENT INC.



Principal Place of Business
**4460-1 CAMINO REAL WAY
FT. MYERS, FL 33912 US**

Mailing Address
**4460-1 CAMINO REAL WAY
FT. MYERS, FL 33912 US**

40028039



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2975924

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURTAGH, LYNN
4460-1 CAMINO REAL WAY
FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME MURTAGH, DEBBIE ☐ Delete
STREET ADDRESS 6644 KESTREL CIRCLE
CITY-ST-ZIP FT MYERS, FL

TITLE PST
NAME MURTAGH, LYNN, R ☐ Delete
STREET ADDRESS 6644 KESTREL CIRCLE
CITY-ST-ZIP FT MYERS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MERIDIAN CONSTRUCTION AND DEV. INC**
STREET ADDRESS **4460-1 CAMINO REAL WAY**
CITY-ST-ZIP **FORT MYER, FL 33966**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Lynn Murtagh

2/27/07
Date

239 936 3005
Daytime Phone #