

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M40436

1. Entity Name
MYERS, MYERS AND ADAMS ADVERTISING, INC.



Principal Place of Business
**938 N VICTORIA PARK RD
FT. LAUDERDALE, FL 33304**

Mailing Address
**938 N VICTORIA PARK RD
FT. LAUDERDALE, FL 33304**

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2727721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MYERS, PETER
938 N VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304**

**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 _____

**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 NAME STREET ADDRESS CITY - ST - ZIP | DPC MYERS, PETER 1616 NE 5TH CT. FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS MYERS, VIRGINIA 1616 NE 5TH CT. FT. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MYERS, PETER 1616 NE 5TH CT. FT. LAUDERDALE, FL |
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1000000326775
04/25/05-80012-001 150.00

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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:

Peter Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05
Date

954-523-6262
Daytime Phone #