

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # M58815

1. Entity Name
MEYER LAMINATES, INC.



Principal Place of Business
**8895 N. MILITARY TRAIL
SUITE C-200
PALM BEACH GARDENS, FL 33410**

Mailing Address
**8895 N. MILITARY TRAIL
SUITE C-200
PALM BEACH GARDENS, FL 33410**



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0021341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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, 2004 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
**DP
SULLIVAN, DAVID
8895 N. MILITARY TRAIL, SUITE C-200
PALM BEACH GARDENS, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
DE CHALENDAR, PIERRE-ANDRE
1900 AUSTRALIAN AVENUE 2ND FLOOR
RIVERA BEACH, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
SABLE, JACK
330 PATTON DRIVE SW
ATLANTA, GA 30336**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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03/11/04-80007-010 150.00

**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

JACK SABLE

3/4/04

Date

404-699-3912 x2238

Daytime Phone #