2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # P0000006545 **Secretary of State** 1. Entity Name MEANDER LAND COMPANY Principal Place of Business Mailing Address 819 FREEDOM PLAZA CIRCLE 819 FREEDOM PLAZA CIRCLE #207 SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc Suite, Apt #, etc MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 34-0942971 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LLOYD, LUTHER R Street Address (P.O. Box Number is Not Acceptable) 819 FREEDOM PLAZA CIRCLE #207 SUN CITY CENTER FL 33573 City Zio 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 typod or pricked name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PCFD Change ☐ Addition ☐ Delete TITLE TITLE U00000019162 01/28/04-80150-022 150.00 NAME LLOYD, LUTHER R NAME STREET ADDRESS 819 FREEDOM PLAZA CIRCLE STREET ADDRESS CATY - ST - ZAP SUN CITY CENTER FL 33573 CITY-ST-ZIP Change Addition ☐ Delete TETLE THE NAME LLOYD, JEANNE C HAME STREET ADDRESS 819 FREEDOM PLAZA CIRCLE STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CRY-ST-ZIP ☐ Change Addition TELLE ☐ Defete TITLE MANE MARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TIME NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST-ZIP CITY - ST - 712 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY - ST - ZIP CITY - ST- ZIP Addition ☐ Delete TITLE ☐ Change THE 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 exemption stated in Section 119.07(3)(f), 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.

LUTHER R. LLOYD

SIGNATURE:

FILED