



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000011980			
1. Entity Name MEYER CONSTRUCTION INC.			
Principal Place of Business 10107 N.W. 240TH TERRACE ALACHUA, FL 32615		Mailing Address PO BOX 970 ALACHUA, FL 32616	
DO NOT WRITE IN THIS SPACE			
		 02012006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3623344	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MEYER, DAVID J 10107 NW 240TH TERRACE ALACHUA, FL 32615			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 <u>David J. Meyer - President</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 1100000418227 02/13/06-80087-013 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEYER, DAVID J 10107 NW 240TH TERRACE ALACHUA, FL 32615		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MEYER, NANCY A 10107 NW 240TH TERRACE ALACHUA, FL 32615		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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: <u>Nancy A. Meyer</u> Nancy A. Meyer 1-31-06 386 454-7765 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #</small>			