

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 006 ***150.00

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**

60000720



01042007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3623344

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, DAVID J
10107 NW 240TH TERRACE
ALACHUA, FL 32615**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
MEYER, DAVID J
10107 NW 240TH TERRACE
ALACHUA, FL 32615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
MEYER, NANCY A
10107 NW 240TH TERRACE
ALACHUA, FL 32615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VISIT
MEYER, NANCY A.
10107 NW 240TH TERRACE
Alachua, FL 32615** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

1-04-07

Date

386 454-7765

Daytime Phone #