

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000069453

1. Entity Name  
ME MAW'S, INC.



Principal Place of Business  
600 E EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

Mailing Address  
600 E EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3662211

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MURRAY, CHARLIE  
600 E EAU GALLIE BLVD  
INDIAN HARBOR BEACH, FL 32937

**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 *Charlie Murray*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-05

**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**

000000203906  
01/29/05-80048-021 150.00

**10. OFFICERS AND DIRECTORS**

|                |                                |
|----------------|--------------------------------|
| TITLE          | ST                             |
| NAME           | MURRAY, CHARLIE                |
| STREET ADDRESS | 600 E EAU GALLIE BLVD          |
| CITY-ST-ZIP    | INDIAN HARBOR BEACH, FL 32937  |
| TITLE          | P                              |
| NAME           | KELLER, TRACY                  |
| STREET ADDRESS | 288 COASTAL HILL DR            |
| CITY-ST-ZIP    | INDIAN HARBOUR BEACH, FL 32937 |
| TITLE          | D                              |
| NAME           | KELLER, RONNIE                 |
| STREET ADDRESS | 3040 PURPLE MARTIN DR          |
| CITY-ST-ZIP    | INDIALANTIC, FL 32903          |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |
| 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 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:

*Ron Keller*

RON KELLER

1-26-05

779-9670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #