


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000069453
 1. Entity Name
 ME MAW'S, INC.



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

DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3662211 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

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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* DATE: 1-26-05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100000203906
 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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #