## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT (AR)** Feb 12, 2004 8:00 am DOCUMENT # P00000069563 **Secretary of State** 1. Entity Name 02-12-2004 90029 029 \*\*\*150.00 MEYER BROTHERS OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 354 GARDEN BLVD. 354 GARDEN BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-1028440 Not Applicable Zio Country 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 Name MEYER, MARK Street Address (P.O. Box Number is Not Acceptable) 354-GADSEN BLVD. PALM BEACH GARDENS FL 33410 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEYER, REGINALD NAME 773-SHOOTINGSTAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD VA 22152 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MEYER, MARK NAME 354 GARDEN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MEYER, WINFRIED NAME STREET ADDRESS 3726 CYPRESS STREET STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-7IP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: Mark Meyer MARK MEYE SEC-

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

561-622-1337 Daytime Phone #

☐ Addition