

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000014789	
1. Entity Name MYERS INVESTMENTS OF AMERICA, INC.	

Principal Place of Business 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003	Mailing Address 1845 TOWN CENTER BLVD STE 105 SUITE 200 ORANGE PARK, FL 32003
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3703347	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURNETTE, LEAH 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, JUNE R 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYERS, JOHN C III 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YONG, FRANK 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETTE, LEAH 1845 TOWN CENTER BLVD STE 105 ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Leah Burnette **Leah Burnette** 1/16/04 904 269 5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #