## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Secretary of State DOCUMENT # P01000058033 03-10-2005 90139 012 \*\*\*150.00 THE MEYER FAMILY CORPORATION Principal Place of Business Mailing Address 9245 JULY LANE 9245 JULY LANE ST. AUGUSTINE, FL 32086 ST. AUGUSTINE, FL 32086 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3721507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П B. Name and Address of Current Registered Agent WALER, RICHARD L JR. DO NOT WRITE 864 WHITE EAGLE CIRCLE ST. AUGUSTINE, FL 32086 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE MEYER, STEVEN C NAME STREET ADDRESS 9245 JULY LANE ST. AUGUSTINE, FL 32086 CITY-ST-ZIP TITLE MEYER, CHARLOTTE S NAME STREET ADDRESS 9245 JULY LANE CITY-ST-ZP ST. AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

12. I hereby certify that the information supplied with this filling 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 OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 10, 2005 8:00 am

Daytime Phone #