

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000068367

1. Entity Name  
MEGLADON, INC.



Principal Place of Business  
7315 EXVERLEIGH CT  
ORLANDO, FL 32819 US

Mailing Address  
7315 EXVERLEIGH CT  
ORLANDO, FL 32819 US

FILED  
04 JAN 20 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1156549

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAVIN, KAREN S  
307 AIRPORT ROAD NORTH  
NAPLES, FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

900027491269  
01/23/04--01016--013 \*\*150.00

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTGOMERY, STUART	
STREET ADDRESS	2212 PADGET CR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JANET	
STREET ADDRESS	2212 PADGET CR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2004



## Division of Corporations

## Annual Report

Page 1

Document Number

P01000068367

Business Entity Name

MEGLADON, INC.

FEI Number

651156549

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

2212 Paget Circle

Suite, Apt. #, etc.

City, State

Naples

FL

Zip Code &amp; Country

34112

US

## Mailing Address

Address

2212 Paget Circle

Suite, Apt. #, etc.

City, State

Naples

FL

Zip Code &amp; Country

34112

US

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BEAVIN

KAREN

S

-or- RA Business Name

Address

307 AIRPORT ROAD NORTH

Suite, Apt. #, etc.

City, State

NAPLES

FL

Zip Code &amp; Country

34104

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



# Division of Corporations

## Annual Report

Page 2

Document Number  
**P01000068367**  
Business Entity Name  
**MEGLADON, INC.**

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Officer/Director Name And Address

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name   
Street Address

444

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*[Handwritten Signature]* Pres

Continue

Reset

Start Over

**Sunbiz Home Page**

**Public Access Help**