

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000055519

**1. Entity Name
MEAD ENTERPRISES, INC.**



**Principal Place of Business
4047 BEE RIDGE RD.
SARASOTA, FL 34233**

**Mailing Address
4047 BEE RIDGE RD.
SARASOTA, FL 34233**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1004669

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MICHELLE MEAD
4047 BEE RIDGE RD.
SARASOTA, FL 34233**

**DO NOT WRITE
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 instituting) **DATE** _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEAD, ANDREW
STREET ADDRESS	4047 BEE RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VD
NAME	MEAD, MICHELLE
STREET ADDRESS	4047 BEE RIDGE RD.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/05-BU039-020 158.75

**DO NOT WRITE
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)(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: MICHELLE MEAD **MICHELLE MEAD** 1/19/05 941-921 4659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #