

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000124764

1. Entity Name
MERIDIAN LAND HOLDINGS, INC.



Principal Place of Business
4405 W. HWY 40
OCALA, FL 34482

Mailing Address
4405 W. HWY 40
OCALA, FL 34482



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3674584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, GEORGE
1515 E. SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470

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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

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

U000000073477
03/02/04 00030-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEL ZOTTO, LAURA
STREET ADDRESS	4405 W. HWY 40
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VS
NAME	DEL ZOTTO, LAURA
STREET ADDRESS	4405 W. HWY 40
CITY-ST-ZIP	OCALA, FL 34470
TITLE	T
NAME	DEL ZOTTO, LAURA
STREET ADDRESS	4405 W. HWY 40
CITY-ST-ZIP	OCALA, FL 34470
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)(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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-04
Date

352-351-3934
Daytime Phone #