## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P02000124764 04-18-2008 90022 041 \*\*\*150.00 MERIDIAN LAND HOLDINGS, INC. Principal Place of Business Mailing Address 4575 N HWY 40 4575 N HWY 40 OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 11-3674584 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (colling) ORTIZ, GEORGE Street Address (P.O. Box Number is Not Acceptable) 1515 E. SILVER SPRINGS BLVD. **SUITE 128** NE SSUTH Avenue OCALA, FL 34470 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 egistered agent SIGNATURE Signature, typed or printed n (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition TITLE ' DEL ZOTTO, LAURA NAME NAME STREET ADDRESS 4575 W HWY 40 STREET ADDRESS OCALA, FL 34482 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME DEL ZOTTO, LAURA STREET ADDRESS 4575 W HWY 40 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34470 □ Change ■ Addition ☐ Delete TITLE TITLE DEL ZOTTO, LAURA NAME NAME STREET ADDRESS 4575 W HWY 40 STREET ADDRESS OCALA, FL 34470 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 epochweigh 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 addryss, with all other like empowered.

auga

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

352 - 361-38 34

Daytime Phone #