## 2005 FOR PROFIT CORPORATION

	ANNUÁL	REPORT		·	<b>F</b> I	IFD	
DOCUMENT # P02000125409*  1. Entity Name MEINSTEAD, INC.					FILED Apr 08, 2005 08:00 AM Secretary of State		
						<i>J</i>	
Principal Plac	ce of Business	Mailing Address	- 1		-		
2537 S.E. 1 OCALA, FL 3		P.O. BOX 721 SILVER SPRINGS, FL 34489					
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				12223123231 7			
DO NOT WRITE IN THIS SPACE				02232		CR2E034 (1	(0/03) Applied Fo
			<b>Harrison</b> (1944)	4. FEIN 71-	0916946		Not Applic
				5. Certif	ficate of Status Desired	☐ \$8.7 Fee f	75 Additional Required
	6. Name and Address of Current Re	gistered Agent		Charles to the state of			Sheet in this light
CAMP, DENNIS D ESQ.				A.H. San Hill	O NOT V	RITE	
2537 S.E. 17TH STREET OCALA, FL 34471				· Vanterior municipal	Paringling franchister Control of the Property of	in marianta managana	
			7		THIS	AUE	
			<u> </u>			the confirmation of the co	
<ol> <li>The above the obligat</li> </ol>	named entity submits this statement for the registered agent.	ne purpose of changing its register	red office or re	gistered agent, o	or both, in the State of Fi	lorida. I am familia	ar with, and acc
SIGNATURE.						· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent and	Title if applicable (NOTE Registers	ed Agent signature	required when reinstati	ng)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May 8 Added to Fees	Se		
10.	OFFICERS AND DII	RECTORS					
TITLE VAIME	P CARR, ROBERTA M			· · · · · · · · · · · · · · · · · · ·			
TIREET ADDRESS	s 14600 SE 77TH CT			n ye	14/08/15	1242925 -30007-021	ነርስ ክስ
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Jame Street address				The second second	marijas Planings		
DITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with thi on this report or supplemental report is tru	s filing cloes not qualify for the exe re and accurate and that my signa	emption stated ture shall have	in Section 119.0 the same legal	7(3)(i), Florida Statutes. effect as if made under	I further certify the oath, that I am an	at the informatio officer or direct
of the cor	poration or the receiver or trustee empower or on an attachment with an address, with	rred to execute this report as requi	red by Chapte	er 607, Florida St	atutes; and that my nam	ie appears in Bloc	k 10 or Block 1
SIGNAT	URE: HALLAND	Man K	ChORTA	M. CAI	RR 4/11/	15	
		YED NAME OF SIGNING OFFICER ON DIREC	TOR		Dele	Daytime F	hone #