

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000128617

1. Entity Name
MYERS IMPROVEMENTS, INC.



Principal Place of Business
5903 PAMELA DR.
MILTON, FL 32570-8718 US

Mailing Address
5903 PAMELA DR.
MILTON, FL 32570-8718 US

FILED

2004 MAY 17 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082003 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3727128

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYERS, CATHERINE L
5903 PAMELA DRIVE
MILTON, FL 32570

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MYERS, JOHNNY L
5903 PAMELA DRIVE
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
MYERS, CATHERINE L
5903 PAMELA DRIVE
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
MYERS, CATHERINE L
5903 PAMELA DRIVE
MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800036551748
05/18/04--01052--005 **550.00

DO NOT WRITE
IN THIS SPACE

V2M
5/17/04

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:

Catherine L Myers
CATHERINE L MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-04

Date

850-626-8138

Daytime Phone #