

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128617

FILED  
May 13, 2005  
Secretary of State

Entity Name: MYERS IMPROVEMENTS, INC.

## Current Principal Place of Business:

5903 PAMELA DR.  
MILTON, FL 325708718 US

## New Principal Place of Business:

6609 LENWOOD JACKSON ROAD  
BAKER, FL 32531 US

## Current Mailing Address:

5903 PAMELA DR.  
MILTON, FL 325708718 US

## New Mailing Address:

6609 LENWOOD JACKSON ROAD  
BAKER, FL 32531 US

FEI Number: 04-3727128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS, CATHERINE L  
5903 PAMELA DRIVE  
MILTON, FL 32570 US

## Name and Address of New Registered Agent:

MYERS, CATHERINE L  
6609 LENWOOD JACKSON ROAD  
BAKER, FL 32531 US

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.

SIGNATURE:

05/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYERS, JOHNNY L  
Address: 5903 PAMELA DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: SEC ( ) Delete  
Name: MYERS, CATHERINE L  
Address: 5903 PAMELA DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: TREA ( ) Delete  
Name: MYERS, CATHERINE L  
Address: 5903 PAMELA DRIVE  
City-St-Zip: MILTON, FL 32570 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MYERS, JOHNNY L  
Address: 6609 LENWOOD JACKSON ROAD  
City-St-Zip: BAKER, FL 32531 US

Title: SEC (X) Change ( ) Addition  
Name: MYERS, CATHERINE L  
Address: 6609 LENWOOD JACKSON ROAD  
City-St-Zip: BAKER, FL 32531 US

Title: TREA (X) Change ( ) Addition  
Name: MYERS, CATHERINE L  
Address: 6609 LENWOOD JACKSON ROAD  
City-St-Zip: BAKER, FL 32531 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE MYERS

SEC

05/13/2005

Electronic Signature of Signing Officer or Director

Date