

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90278 009 ***150.00

DOCUMENT # P03000006719

1. Entity Name

MEETING PLACE PRODUCTION HOUSE CORPORATION



Principal Place of Business

**1443 VERA CRUZ LANE
WESTON FL 33327**

Mailing Address

**1443 VERA CRUZ LANE
WESTON FL 33327**

2. Principal Place of Business

1605 SE Walton Lakes Dr
Suite, Apt. #, etc.

3. Mailing Address

1605 SE Walton Lakes Dr
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Port St. Lucie, FL
Zip **34952** Country **USA**

City & State

Port St. Lucie, FL
Zip **34952** Country **USA**

4. FEI Number

56-2317145

Applied For

Not Applicable

5. Certificate of Status Desires

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHERE, LESLIE A ESQ
1865 BRICKELL AVE #A-207
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	EDDINGS, CARLA	
STREET ADDRESS	1443 VERA CRUZ LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4/1/04 (772)337-9247