## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 02. 2005 08:00 AM

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DOCUMENT # P03000011126  1. Entity Name WAYMON E. MEADOWS REALTY, INC.					etary of S	
Principal Place of Business 310 HWY 542 DUNDEE, FL 33838	Mailing Address 404 RIDGEWOOD AVE DUNDEE, FL 33838				#WIET 11#W 11#W 11#FF 11#FF W	<b>                                  </b>
DO NOT WRITE	CE	04272005 4. FEI Number 20-0494	No Chg-P	J	oplied For of Applicable ditional	
MEADOWS, WAYMON E 404 RIDGEWOOD AVE DUNDEE, FL 33838	, and the state of			NOT W		
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 a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the Y applicable (NOTE Registered Agent signature required when reinstalling)  PATE  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					and accept	
After May 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	даа	ed to rees			
TITLE P MEADOWS, WAYMON E STREET ADDRESS 404 RIDGEWOOD AVE DUNDEE, FL 33838	ECTORS			No. of the state o		
MEADOWS, JULIA STREET ADDRESS 404 RIDGEWOOD AVE DITY-ST-ZIP DUNDEE, FL 33838		·	. F. <u>. J. J. Gre</u> ner		954159 90096-006 15	Ō.OO
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO	NOT W		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			<u> </u>	`	-
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12. I hereby certify that the information supplied with this filling does not cualify 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #