

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027639

Entity Name: M.E.K. INVESTMENTS INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

47 COQUINA POINT DR.
ORMOND BEACH, FL 32117 US

New Principal Place of Business:

47 COQUINA POINT DR.
ORMOND BEACH, FL 32174 US

Current Mailing Address:

47 COQUINA POINT DR.
ORMOND BEACH, FL 32117 US

New Mailing Address:

47 COQUINA POINT DR.
ORMOND BEACH, FL 32174 US

FEI Number: 56-2327330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, MANUEL A
47 COQUINA POINT DR.
ORMOND BEACH, FL 32117 US

Name and Address of New Registered Agent:

OLIVER, MANUEL A
47 COQUINA POINT DR.
ORMOND BEACH, FL 32174 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: MANUEL A. OLIVER

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVER, MANUEL A
Address: 2920 N. SHELL RD.
City-St-Zip: DELAND, FL 32720 US

Title: VP () Delete
Name: JACOB, EDWARD A
Address: 47 COQUINA POINT DR.
City-St-Zip: ORMOND BEACH, FL 32117 US

Title: S,T () Delete
Name: OLIVER, KIMBERLEY A
Address: 2920 N. SHELL RD.
City-St-Zip: DELAND, FL 32720 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANUEL A. OLIVER

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date