

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052631

FILED
Jan 20, 2005
Secretary of State

Entity Name: MERIDIAN COMMUNITY SERVICES GROUP, INC.

Current Principal Place of Business:

1500 MAHAN DRIVE
230
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 13408
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 20-0021782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, LISA A
1500 MAHAN DRIVE
230
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: BLAIR, LISA A
Address: 265 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MR. () Delete
Name: J. CORBETT, ALDAY
Address: 1854 MAHAFFEY CIRCLE
City-St-Zip: LAKE LAND, FL 33811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR. (X) Change () Addition
Name: ALDAY, JAMES C
Address: 2815 WEST HARATIO STREET, #10
City-St-Zip: TAMPA, FL 33609 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: LISA A. BLAIR

MRS.

01/20/2005

Electronic Signature of Signing Officer or Director

Date