

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000067380**

1. Entity Name  
**MEADOWOOD HOMES OF FLORIDA INC.**



Principal Place of Business  
**16259 US 19 N  
CLEARWATER, FL 33764**

Mailing Address  
**16259 US 19 N  
CLEARWATER, FL 33764**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0063960**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILBERT, R DONALD  
10259 US 19 N  
CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000388490  
01/20/06 80048-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KROLL, BARBARA A
STREET ADDRESS	16259 US 19 N
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	V
NAME	LOGUE, MICHAEL J
STREET ADDRESS	6050 BAHIA DEL MAR CIR., #117
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715
TITLE	TS
NAME	GILBERT, R. DONALD
STREET ADDRESS	3565 58TH AVE N # 108
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*R Donald Gilbert* **R DONALD GILBERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06  
Date

727-535-5222  
Daytime Phone #