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Mar 24, 2004 8:00 am
Secretary of State
03-12-2004 90017 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

DOCUMENT # P03000142039

1. Entity Name
MEETING YOUR NEEDS INC.

Principal Place of Business	Mailing Address
3015 CESERY BLVD JACKSONVILLE, FL 32277	3015 CESERY BLVD JACKSONVILLE, FL 32277

03012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3015 Cesery Blvd	3015 Cesery Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FLA	City & State: Jacksonville FLA
Zip: 32277 Country: US	Zip: 32277 Country: US

4. FEI Number: 20-0454008 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLACE, GARY
3015 CESERY BLVD
JACKSONVILLE, FL 32277

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDMOND, NATALIE 3015 CESERY BLVD JACKSONVILLE, FL 32277	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Natalie L Chump-Edmond 3/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #