

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-26-2005 90139 020 ***150.00

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|--|--|---------|--|--|--|
| DOCUMENT # P03000146890 1. Entity Name MEYER CONTRACTING INC. | | | | | |
| Principal Place of Business 8094 31ST AVE. NORTH ST. PETERSBURG FL 33710 | | | Mailing Address 8094 31ST AVE. NORTH ST. PETERSBURG FL 33710 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 20-0458427 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MEYER, FRANK G JR. 8094 31ST AVE. NORTH ST. PETERSBURG FL 33710 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD <input type="checkbox"/> Delete NAME MEYER, FRANK G JR. STREET ADDRESS 8094 31ST AVE. NORTH CITY- ST- ZIP ST. PETERSBURG FL 33710 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | | |
| TITLE S <input type="checkbox"/> Delete NAME OBERLE, STEVE STREET ADDRESS 609 4TH AVE. SE CITY- ST- ZIP LARGO FL 33770 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | | |
| TITLE T <input type="checkbox"/> Delete NAME HAMLIN, LLOYD STREET ADDRESS 157 21ST AVE. SE CITY- ST- ZIP LARGO FL 33771 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <u>FRANK G MEYER</u> 4-18-05 722 599 4496 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |