

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 010 ***150.00

DOCUMENT # P03000149242

1. Entity Name
JACQUELINE MEREDITH, INC.



Principal Place of Business
**440 SE 6TH AVE
POMPAÑO BEACH, FL 33060**

Mailing Address
**440 SE 6TH AVE
POMPAÑO BEACH, FL 33060**

54063091



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0448784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEREDITH, JACQUELINE
440 SE 6TH AVE
POMPAÑO BEACH, FL 33060**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEREDITH, JACQUELINE**
CITY-ST-ZIP **440 SE 6TH AVE
POMPAÑO BEACH, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-04

Date

Daytime Phone #

954

545-6070

54063091

Atchuhmark

STEPHEN M. GOLDING COMPANY, LTD.
2950 W. CYPRESS CREEK ROAD
SUITE 102
FT. LAUDERDALE, FL 33309
954-545-6070
FAX 954-971-3393

July 14, 2004

TO : FLORIDA DEPARTMENT OF STATE

RE: P03000149242

I DID NOT RECEIVE THE ORIGINAL POSTCARD FOR FILING THE ANNUAL REPORT.

I AM ENCLOSING MY SIGNED ORIGINAL ANNUAL REPORT WITH A CHECK IN THE
AMOUNT OF \$150.00, AS PER YOUR INSTRUCTIONS.

THANK YOU ,
JACQUELINE MEREDITH