



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90556 024 \*\*\*150.00

DOCUMENT # P04000081180					
1. Entity Name MEYER & ASSOCIATES REALTY GROUP, INC.					
Principal Place of Business 18086 SAN CARLOS BLVD #822 FT MYERS BEACH, FL 33931			Mailing Address 18086 SAN CARLOS BLVD #822 FT MYERS BEACH, FL 33931		
2. Principal Place of Business 15600 SAN CARLOS BLVD #19 Suite, Apt. #, etc. #19 City & State FT MYERS, FL Zip 33908 Country US		3. Mailing Address 15600 SAN CARLOS BLVD #19 Suite, Apt. #, etc. #19 City & State FT MYERS, FL Zip 33908 Country US		 03292005 Chg-P CR2E034 (10/03)	
4. FEI Number 562462116		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MEYER, GERALD L 18086 SAN CARLOS BLVD #822 FT MYERS BEACH, FL 33931			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYER, GERALD L		NAME		
STREET ADDRESS	18086 SAN CARLOS BLVD #822		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>Gerald L Meyer</i>		Date: 4-14-05		Daytime Phone #: 239 481 9333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	