



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90100 032 \*\*\*150.00

<b>DOCUMENT # P04000112718</b> 1. Entity Name <b>MEATH INVESTMENTS INC.</b>					
Principal Place of Business <b>1110 NE 2ND PL CAPE CORAL, FL 33909</b>			Mailing Address <b>1110 NE 2ND PL CAPE CORAL, FL 33909</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
					
03152005    Chg-P    CR2E034 (10/03)					
4. FEL Number <b>20-1346237</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TERRY, MICHAEL 1110 NE 2ND PL CAPE CORAL, FL 33909</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>[Signature]</i></u> 3-15-05 <small>Signature of person printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE					
<b>FILE NOW!! FEB 13 \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>FOX, CHARLES</b> <b>1110 NE 2ND PL</b> <b>CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>T</b> <b>TERRY, MICHAEL</b> <b>1110 NE 2ND PL</b> <b>CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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: <u><i>[Signature]</i></u> 3-15-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date    Daytime Phone #					