


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P04000116027		
1. Entity Name CHERYL S. MEASE P.A.		
Principal Place of Business 26977 MCLAUGHLIN BLVD. BONITA SPRINGS, FL 34134 US	Mailing Address 26977 MCLAUGHLIN BLVD. BONITA SPRINGS, FL 34134 US	



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1587760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MEASE, CHERYL S
26977 MCLAUGHLIN BLVD.
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000754321 05/22/07-80056-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	MEASE, CHERYL S
NAME	
STREET ADDRESS	26977 MCLAUGHLIN BLVD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE VP	MEASE, RODNEY F
NAME	
STREET ADDRESS	26977 MCLAUGHLIN BLVD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE SEC	MEASE, CHERYL S
NAME	
STREET ADDRESS	26977 MCLAUGHLIN BLVD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE TRES	MEASE, RODNEY F
NAME	
STREET ADDRESS	26977 MCLAUGHLIN BLVD
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rodney F. Mease* / **RODNEY F. MEASE** 4-28-07 239-659-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #