

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132055	
1. Entity Name MEEDS INTERNATIONAL, INC.	

Principal Place of Business 2623 BEACH PARKWAY WEST CAPE CORAL, FL 33914	Mailing Address 2623 BEACH PARKWAY WEST CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE



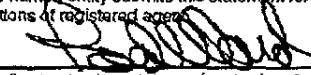
02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2063346	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent WARD, RODNEY L 2623 BEACH PARKWAY WEST CAPE CORAL, FL 33914

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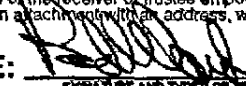
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	2/14/06 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, RODNEY L 2623 BEACH PARKWAY WEST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WARD, JUDY A 2623 BEACH PARKWAY WEST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 L. WARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/14/06 DATE
		239-560-0589 Daytime Phone #