

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000164623

1. Entity Name
MESH SKATEPARK INC.



Principal Place of Business
881 WEST WARREN AVE
SUITES B AND C
LONGWOOD, FL 32750 US

Mailing Address
881 WEST WARREN AVE
SUITES B AND C
LONGWOOD, FL 32750 US



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1663232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEGROOT, CHAD J
881 W WARREN B AND C
LONGWOOD, FL 32750

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEGROOT, CHAD J
STREET ADDRESS	570 S. INDIGO RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SEC
NAME	ONDREK, SIMON A
STREET ADDRESS	1478 SUNSHADOW DR. #202
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VP
NAME	PETERSON, BRETT R
STREET ADDRESS	8204 PLANTATION LAKES CIRCLE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80014-016 150.00

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/26/07 Daytime Phone: 407 657 2002