

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P05000023478

1. Entity Name

MEEKS DRYWALL & STUCCO, INC.

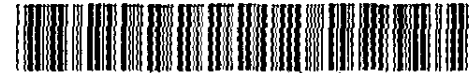


Principal Place of Business

**1017 SE 12 AVE
UNIT F
CAPE CORAL FL 33990**

Mailing Address

**1017 SE 12 AVE
UNIT F
CAPE CORAL FL 33990**



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**COMBS, WILLIE
1017 SW 12 AVE
UNIT F
CAPE CORAL FL 33990**

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

Willie J Combs **Willie J Combs**

1-31-06

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	MEEKS, ROBERT M	
STREET ADDRESS	1017 SE 12 AVE - UNIT F	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	☐ Delete
NAME	COMBS, WILLIE J	
STREET ADDRESS	1810 NE 16 PL	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	T	☐ Delete
NAME	BARNES, ROBERT E	
STREET ADDRESS	3620 MARION ST	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000416253
02/13/06-80008-019 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Meeks **Robert Meeks** **1-31-06** **239-470-3875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #