

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023478

Entity Name: MEEKS DRYWALL & STUCCO, INC.

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

8305 TOLLES DR.  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

## Current Mailing Address:

8305 TOLLES DR.  
NORTH FORT MYERS, FL 33917

## New Mailing Address:

FEI Number: 86-1158130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MEEKS, ROBERT M  
Address: 1017 SE 12 AVE - UNIT F  
City-St-Zip: CAPE CORAL, FL 33990

Title: V ( ) Delete  
Name: COMBS, WILLIE J  
Address: 1810 NE 16 PL  
City-St-Zip: CAPE CORAL, FL 33909

Title: T ( ) Delete  
Name: BARNES, ROBERT E  
Address: 3620 MARION ST  
City-St-Zip: FT MYERS, FL 33916

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MEEKS, ROBERT M  
Address: 8305 TOLLES DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ACCT ( ) Change (X) Addition  
Name: MILLER-FOOTE, MARLENE T  
Address: P.O. BOX 368015  
City-St-Zip: BONITA SPRINGS, FL 34136

Title: ACCT ( ) Change (X) Addition  
Name: MILLER=FOOTE, MARLENE T  
Address: P.O. BOX 368015  
City-St-Zip: BONITA SPRINGS, FL 34136

Title: ACCT ( ) Change (X) Addition  
Name: MILLER-FOOTE, MARLENE T  
Address: P.O. BOX 368015  
City-St-Zip: BONITA SPRINGS, FL 34136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE MILLER-FOOTE

ACCT

03/02/2009

Electronic Signature of Signing Officer or Director

Date