



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053114 1. Entity Name META CONSTRUCTION INC						FILED 06 OCT -10 PM 1:31 CLERK OF STATE TALLAHASSEE, FLORIDA 04/26/06 90175 024 \$150.00 	
Principal Place of Business 5616 BAXTER LAKE DR JACKSONVILLE, FL 32256				Mailing Address 5616 BAXTER LAKE DR JACKSONVILLE, FL 32258			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. EEI Number 20-2654485				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 XPRESS EFILE INC 1511 PENMAN RD STE B JACKSONVILLE, FL 32250				7. Name and Address of New Registered Agent Fatos Meta Street Address (P.O. Box Number is Not Acceptable) 5616 Baxter Lake Drive City Jacksonville FL 32258			
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 <u>Fatos Meta</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/13/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S META, FATOS 5616 BAXTER LAKE DR JACKSONVILLE, FL 32258			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Fatos Meta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/13/06</u> <small>Date Daytime Phone #</small>			