

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 042 ***150.00

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1. Entity Name
INTEGRA MEADOWS DEVELOPMENT, INC.



Principal Place of Business
**1525 INTERNATIONAL PARKWAY
SUITE 2001
LAKE MARY, FL 32746**

Mailing Address
**1525 INTERNATIONAL PARKWAY
SUITE 2001
LAKE MARY, FL 32746**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1536846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000 (DTO)
ORLANDO, FL 32801-5403**

**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 _____

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDANIEL, DAVID G
STREET ADDRESS 1525 INTERNATIONAL PARKWAY, SUITE 2001
CITY - ST - ZIP LAKE MARY, FL 32746

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/08 407-833-3927

DAVID G. MCDANIEL