

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90111 018 ***150.00

DOCUMENT # P93000063892

1. Entity Name
STEPHEN M. MEERMAN MANAGEMENT COMPANY, INC.



Principal Place of Business
4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
4801 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3201149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLES BELOTE & ASSOCIATES
445 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

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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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
MEERMAN, STEPHEN M
833 10TH AVE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
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833 10TH AVE
NEW SMYRNA BEACH, FL 32169

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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

STEPHEN M. MEERMAN

Date

Daytime Phone #

2/12/07 386 426
6400