


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90039 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> P93000067819                                     |  |
| <b>1. Entity Name</b><br>MERIDETH MCELROY, M.S.W., CHARTERED, INC. |   |

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|---|---|
| <b>Principal Place of Business</b><br>1250 TAMIAMIN TRAIL NORTH<br>SUITE 203-A<br>NAPLES FL 34102<br>US | <b>Mailing Address</b><br>241 25TH ST SW<br>NAPLES FL 34117<br>US |
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| <b>2. Principal Place of Business - No P.O. Box #</b><br>5051 CASTELLO DRIVE<br>Suite, Apt. #, etc.<br>Suite 208<br>City & State<br>NAPLES FL<br>Zip<br>34103<br>Country<br>Collier | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>City & State<br>Zip<br>Country |
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1st MOORE CR2E034 (10/06)

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| <b>6. Name and Address of Current Registered Agent</b><br>MCELROY, MERIDETH<br>241 25TH STREET S.W.<br>NAPLES FL 34117 |  |
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| <b>4. FEI Number</b> 65-0438954                                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |

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| <b>7. Name and Address of New Registered Agent</b> |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |

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| <b>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.</b> |                            |
| <b>SIGNATURE</b> <i>Merideth McElroy MSW</i><br>Signature, typed or printed name of registered agent and title if applicable.  | <b>DATE</b> 5-4-07<br>Date |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MCELROY, MERIDETH<br>241 25TH ST SW<br>NAPLES FL 34117<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| <b>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.</b> |  |
| <b>SIGNATURE:</b> <i>Merideth McElroy</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | <b>DATE</b> 5-4-07 <b>DAYTIME PHONE #</b> 239 649 6242 |