

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT#</b> P94000012874<br><b>1. Entity Name</b><br>MEADOWBROOKPARKASSOCIATES, INC. |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                                           |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3625 MEADOWBROOK DR.<br>FT. MYERS, FL 33901 US | <b>Mailing Address</b><br>1266 FIRST STREET SUITE 8<br>SARASOTA, FL 34236 |
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01082004 NoChg-P CR2E034(10/03)

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|                                         |                                                                           |
|-----------------------------------------|---------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>36-3953232      | <b>Applied For</b><br>Not Applicable                                      |
| <b>5. Certificate of Status Desired</b> | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

|                                                                                                                           |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>KISTLER, RICHARD<br>1266 FIRST STREET<br>SARASOTA, FL 34236 |
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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 obligation of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-instating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title if applicable)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000141967  
04/30/04-80032-022 158.75

| <b>10. OFFICERS AND DIRECTORS</b>                                              |                                                                            |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | P<br>KISTLER, RICHARD L<br>1266 FIRST ST., SUITE 8<br>SARASOTA, FL         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>ROSNER, JAMES C<br>45 PROGRESS PARKWAY<br>MARYLAND HGTS, MO           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>SAENGER, LEO C JR.<br>12412 POWERS CTR. #150<br>SAINT LOUIS, MO 63141 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | S<br>REITER, MARY F<br>1266 FIRST ST SUITE 8<br>SARASOTA, FL 34236         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> |                                                                            |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, (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:**  **Richard L. Kistler** 3/12/04 941/345-6194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #