


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000018665 1. Entity Name MEADOW VIEW ESTATES, INC.	
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Principal Place of Business 505 ELSBERRY ROAD APOLLO BCH, FL 33572 US	Mailing Address 505 ELSBERRY ROAD APOLLO BCH, FL 33572 US
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DO NOT WRITE IN THIS SPACE



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3443815	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHMIDT, PETER H 400 SOUTH DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	5-6-05 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKS, GARY D 560 ELSBERRY RD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, OLIVER D 505 ELSBERRY RD. APOLLO BEACH, FL 33572
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05/11/05-80033-007 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Oliver D. Brooks	5-6-05 (813) 368-0813
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>