2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000101098 MERADON CORPORATION ' ' ' Principal Place of Business Mailing Address 1476 GROVE TERR 1476 GROVE TERR WINTER PARK, FL 32789 WINTER PARK, FL 32789

FILED May 12, 2004 08:00 AM **Secretary of State**



DO	NOT	WRITE	IN THIS	SPACE
----	-----	-------	---------	-------

05102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3478329 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WAITE, DONALD M 1476 GROVE TERR WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

								
3. 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 tio	te f applicable. (NCTE: Registered	Agent agnetus	required when remetating)	DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finant Trust Fund Contribution.			cing []	\$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.			
10.	OFFICERS AND DIRI	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAITE, DONALD M 1476 GROVE TERR WINTER PARK, FL 32789				Hannan Fonne			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WAITE, MOLLY B 1476 GROVE TERR WINTER PARK, FL 32789		U00000159896 05/12/04-80005-011 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, MEREDITH A 400 ABBEYWOOD LN CASSELBERRY, FL 32707			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, ADDISON C 3 HALL AVE WINTER PARK, FL 32789		IN THIS SPACE					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D WAITE, JONATHAN R 6 MAINSAIL CR. ORMOND BEACH, FL 32174							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: