## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P97000101098 1. Entity Name 05-02-2005 90460 017 \*\*\*150.00 MERADON CORPORATION Mailing Address Principal Place of Business 1476 GROVE TERR 1476 GROVE TERR WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address 400ABBEYWOOD HOD ABBEYWOOD LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For FLORIDA asselberry 59-3478329 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ *₹*270′ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONA NATTE. WAITE, DONALD M Street Address (P.O. Box Number is Not Acceptable) 1476 GROVE TERR ABBEYWOOD LAN WINTER PARK, FL 32789 Zin Code CASSELBERRY 8. The above named entity submits this statements 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 agen-SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ■ Addition THE TITLE Delete HOO ABBEYWOOD LANE WAITE, DONALD M NAME NAME 1476 GROVE TERR STREET ADDRESS STREET ADDRESS ASSELBERRY, PL 32707 CITY-ST-78 CITY-ST-7P WINTER PARK, FL 32789 Delete Change TITI F TITLE Addition NAME WAITE, MOLLY B NAME STREET ADDRESS 1478 GROVE TERR STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP $27\sqrt{V}$ Change TITLE ☐ Defete TITLE ■ Addition WARD, MEREDITH A WARD, MEREDHHA. NAME NAME AND DOENWOOD LANE 400 ABBEYWOOD LN STREET ADORESS STREET ADDRESS CASSELBERRY FL32767 CASSELBERRY, FL 32707 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE TITLE Change Addition WAITE, ADDISON C NAME NAME STREET ADDRESS 3 HALL AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition WAITE, JONATHAN R NAME NAME STREET ADDRESS 6 MAINSAIL CR. STREET ADORESS CITY-ST-7IP ORMOND BEACH, FL 32174 CITY-ST-ZP TITL F ☐ Delete ☐ Change ☐ Addition TITEF NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 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.

NING OFFICER OR DIRECTOR

FILED

407-645-07012