

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018844

Entity Name: MERIDIAN ADVISORS, INC.

FILED  
Feb 09, 2005  
Secretary of State

**Current Principal Place of Business:**

2440 SE FEDERAL HWY  
STE 400-D  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

10216 CROSBY PLACE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 65-0815932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCCARTHY, TERENCE P  
2400 SE FEDERAL HWY  
FOURTH FLOOR  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: MOYER, THOMAS L  
Address: 10216 CROSBY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VC ( ) Delete  
Name: MOYER, THOMAS L  
Address: 10216 CROSBY PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. MOYER

PTSD

02/09/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date