

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040116

Entity Name: MEADE DEVELOPMENT, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

404 NORTH 4TH STREET
SUITE 1
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3494
PONTE VEDRA, FL 32004 US

New Mailing Address:

FEI Number: 59-3509496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADE, DOUGLAS B
404 NORTH 4TH STREET
SUITE 1
JACKSONVILLE BEACH, FL 32250

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEADE, DOUGLAS B
Address: 404 NORTH 4TH STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TS () Delete
Name: MEADE, KIMBERLY K
Address: 404 NORTH 4TH STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEADE, DOUGLAS B
Address: 404 NORTH 4TH STREET, STE #1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TS (X) Change () Addition
Name: MEADE, KIMBERLY K
Address: 404 NORTH 4TH STREET, STE #1
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: DOUGLAS MEADE

P

05/03/2004

Electronic Signature of Signing Officer or Director

Date