


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

04-24-2006 90412 040 ***150.00

DOCUMENT # P99000099359	
1. Entity Name MECO OF NORTH FLORIDA, INCORPORATED	

Principal Place of Business 3626 PHOENIX AVE JACKSONVILLE, FL 32206-2357	Mailing Address 3626 PHOENIX AVE JACKSONVILLE, FL 32206-2357
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DO NOT WRITE IN THIS SPACE



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0968694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCUDDER, MARK PO BOX 48327 ATLANTA, GA 32362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCUDDER, MICHAEL R 4471 AMWILER RD DORAVILLE, GA 32360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCUDDER, PAMELA 4471 AMWILER RD DORAVILLE, GA 32360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEADORS, MICHAEL 3626 PHOENIX AVE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTT, LAMAR W 3626 PHOENIX AVE JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lamar W Scott SECRETARY 6-12-06 904-354-6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #