

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000110421

1. Entity Name
I MERIDIAN CORP.



Principal Place of Business
**8263 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256-7202**

Mailing Address
**8263 HOLLYRIDGE ROAD
JACKSONVILLE, FL 32256-7202**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1803679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AUSTIN, ARLENE F
5811 PELICAN BAY BLVD., STE. 201
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000127357
04/23/04-80070-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
PRES
NAME
MOORE, TAMARA L MOORE
STREET ADDRESS
8263 HOLLYRIDGE RD.
CITY-ST-ZIP
JACKSONVILLE, FL 322567202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04
Date

(339) 264-5712
Daytime Phone #