


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 26, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000110421	
1. Entity Name MERIDIAN CORP.	

Principal Place of Business 8263 HOLLYRIDGE ROAD JACKSONVILLE, FL 32256-7202	Mailing Address 8263 HOLLYRIDGE ROAD JACKSONVILLE, FL 32256-7202
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DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1803679	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  AUSTIN, ARLENE F 5811 PELICAN BAY BLVD., STE. 201 NAPLES, FL 34108
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DO NOT WRITE  
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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 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000374496 07/26/05-80002-013 558.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MOORE, TAMARA L MOORE 8263 HOLLYRIDGE RD. JACKSONVILLE, FL 322567202
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  7/26/05 239-264-5712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR