


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S02567 1. Entity Name MEVA'S, INC.		
Principal Place of Business MEVA'S TWC 1516 NW 13TH ST GAINESVILLE, FL 32601 US	Mailing Address MEVA LEE MORATTO 3505 NW 6TH ST GAINESVILLE, FL 32609 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 04122004 No Chg-P CR2E034 (10/03) </div>		
4. FEI Number 59-3064766		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORATTO, MEVA LEE M. 1516 NW 13TH ST. GAINESVILLE, FL 32601		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000112593 04/14/04-80030-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORATTO, MEVA LEE M. 3505 NW 6 ST GAINESVILLE, FL 32609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORATTO, EDWARD F. 3505 NW 6 ST GAINESVILLE, FL 32609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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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)(f), 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: <u>Meva Lee Moratto</u> <u>4-13-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		