

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # S30825

1. Entity Name
THIRD MERIDIAN CORP.



Principal Place of Business
11801 28TH STREET NORTH
BUILDING 6
ST. PETERSBURG, FL 33716-1851

Mailing Address
11801 28TH STREET NORTH
BUILDING 6
ST. PETERSBURG, FL 33716-1851



02012007

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3063528	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

GRAHAM, PETER D.
5200 CENTRAL AVE
ST. PETERSBURG, FL 33707

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAW, STUART 11801-6 28TH ST N ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASEY, BARBARA 11801-6 28TH ST N SAINT PETERSBURG, FL 33716
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**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Casey Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 *7275730101*
Date Daytime Phone #