

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55527

FILED
Jan 08, 2007
Secretary of State

Entity Name: MERIDIAN GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

17357 SABRINA CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380801
MURDOCK, FL 33939 US

New Mailing Address:

PO BOX 380801
MURDOCK, FL 33938 US

FEI Number: 65-0264556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTT, JOSEPH E.
17357 SABRINA CIRCLE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: TROTT, JOSEPH E.,
Address: 17348 SABRINA CIR
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: V () Delete
Name: TROTT, ERNEST C
Address: 6400 TAYLOR ROAD UNIT 213
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E TROTT

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date