

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90019 046 ***150.00

DOCUMENT # V13599	
1. Entity Name M.E.A. INSTRUMENTS, INC.	



Principal Place of Business 4830 N KINGS HWY SUITE 501 FT PIERCE FL 34951 US	Mailing Address 4830 N KINGS HWY SUITE 501 FT PIERCE FL 34951 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business 7205 PLUMOSA LANE	3. Mailing Address 4830 N. KINGS HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 501
City & State FT. PIERCE FL	City & State FT. PIERCE FL
Zip 34951	Zip 34951
Country US	Country US

4. FEI Number 59-3117313	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TWIDDY, C. WAYNE 501 MAGNOLIA AVE. MELBOURNE BEACH FL 32951	
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7. Name and Address of New Registered Agent	
Name TWIDDY, CHARLES R.	
Street Address (P.O. Box Number is Not Acceptable) 7205 PLUMOSA LANE	
City FT. PIERCE	State FL
Zip 34951	

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 CHARLES R. TWIDDY	DATE 3-1-4

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME TWIDDY, CHARLES R	
STREET ADDRESS 4830 N. KINGS HWY SUITE 501	
CITY-ST-ZIP FT. PIERCE FL 34951	
TITLE PVST	<input type="checkbox"/> Delete
NAME TWIDDY, WAYNE C	
STREET ADDRESS 440 RIVERVIEW LN	
CITY-ST-ZIP MELBOURNE BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TWIDDY, CHARLES R.	
STREET ADDRESS 7205 PLUMOSA LANE	
CITY-ST-ZIP FT. PIERCE FL 34951	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: CHARLES R. TWIDDY	DATE 3-1-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Date Daytime Phone #