



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 046 ***158.75

DOCUMENT # V13602 1. Entity Name R. W. MEISSNER AND ASSOCIATES, INCORPORATED					
Principal Place of Business 114-B W GREEN STREET PERRY, FL 32347 US			Mailing Address 114-B W GREEN STREET PERRY, FL 32347 US		
2. Principal Place of Business 216 W. Main St.		3. Mailing Address 216 W. Main St.			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —		01182005 Chg-P CR2E034 (10/03)	
City & State Perry, FL		City & State Perry, FL		4. FEI Number 59-3117630	
Zip 32347		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUCE, ANGELA S 114-B WEST GREEN ST. PERRY, FL 32347		7. Name and Address of New Registered Agent - Name Cruce, Angela S. Street Address (P.O. Box Number Is Not Acceptable) 1737 US Hwy 27 E City Perry FL Zip Code 32348			
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: <u>Angela S Cruce</u> DATE: <u>1/21/05</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEISSNER, ROBERT W 21488 SANDPIPER S. CEDAR ISLAND PERRY, FL 32347	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUCE, ANGELA 1737 HWY 27 EAST PERRY, FL 32348	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLUE, SHEILA 18921 FRONT STREET PERRY, FL 32348	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	—	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Angela S Cruce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/21/05</u> <u>(850)584-3887</u> <small>Date Daytime Phone #</small>		