


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 753019 1. Entity Name THE MERCADO ASSOCIATION, INC.	
--	---

Principal Place of Business 4600-4618 MERCADO DR SEBRING FL 33872 US	Mailing Address 4612 MERCADO DRIVE SEBRING FL 33872 US
--	--



1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-2261268	Applied For <input type="checkbox"/> Not Applied
------------------------------------	---

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THORPE, CAROL M
4612 MERCADO DR
SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD FRENCH, ARTHUR	<input type="checkbox"/>
STREET ADDRESS	11451 ALDRIDGE ST	
CITY - ST - ZIP	WINDSOR ONT. CANADA n8-p1l8	
TITLE NAME	ST WAYNE, IBSEN	<input type="checkbox"/>
STREET ADDRESS	80 BERTLAND AVE	
CITY - ST - ZIP	SCARBOROUGH ON M1K 2	
TITLE NAME	D PITTAO, JOHN	<input type="checkbox"/>
STREET ADDRESS	160 GARY AVE	
CITY - ST - ZIP	LASALLE ONT. n9-j1v3	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			

U00000211798
02/02/05-80132-023 61.25

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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.R. IBSEN Date: Jan 31/05 Daytime Phone #: (863) 382-0087