

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 049 ***150.00

DOCUMENT # 839066

1. Entity Name
JE MERIT CONSTRUCTORS, INC.



Principal Place of Business
**1111 S ARROYO PARKWAY
PASADENA, CA 91105 US**

Mailing Address
**P O BOX 7084
PASADENA, CA 91109-084 US**

94068252



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-1712438	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THACH, CARY S
STREET ADDRESS	5995 ROGRDALE RD.
CITY-ST-ZIP	HOUSTON, TX 77072
TITLE	S
NAME	MARKLEY, III W C
STREET ADDRESS	1111 S ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105
TITLE	D
NAME	HAMMOND, THOMAS R
STREET ADDRESS	111 S. ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105
TITLE	T
NAME	PROSSER, JOHN W JR
STREET ADDRESS	1111 S ARROYO PARKWAY
CITY-ST-ZIP	PASADENA, CA 91105
TITLE	D
NAME	LANDRY, GREG J
STREET ADDRESS	5995 ROGERDALE RD.
CITY-ST-ZIP	HOUSTON, TX 77072
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **John W. Prosser, Jr.** **04/19/2004** **(626) 578-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #