
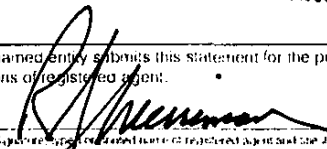
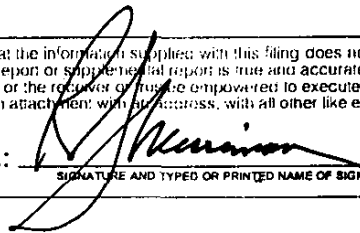


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90181 023 ***150.00

DOCUMENT # H86034			
1. Entity Name R.J. MERRIMAN COMPANY, INC.			
Principal Place of Business 730 SOUTH STERLING AVENUE SUITE 107 TAMPA, FL 33609		Mailing Address P O BOX 3777 PLANT CITY, FL 33563	
2. Principal Place of Business Suite, Apt. # etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MERRIMAN, RICHARD J. 730 SOUTH STERLING AVENUE SUITE #107 PLANT CITY, FL 33563		7. Name and Address of New Registered Agent Name: MERRIMAN, RICHARD J. Street Address (P.O. Box Number is Not Acceptable): 730 SOUTH STERLING AVENUE, SUITE #107 TAMPA, FL 33609 City: TAMPA, FL Zip Code: 33609	
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: 		DATE: 4/29/06	
<p>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	NAME: MERRIMAN, RICHARD J.	TITLE:	NAME:
STREET ADDRESS: 730 SOUTH STERLING AVENUE SUITE 107	CITY-ST-ZIP: TAMPA, FL 33609	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SD	NAME: MERRIMAN, GLORIA	TITLE:	NAME:
STREET ADDRESS: 730 SOUTH STERLING AVENUE SUITE 107	CITY-ST-ZIP: TAMPA, FL 33609	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 person or persons 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 all other like empowered.			
SIGNATURE: 		DATE: 4/29/06 (813) 273-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	