
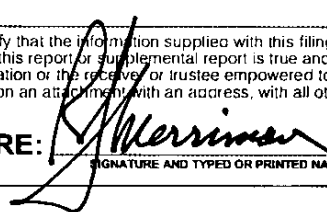


2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90212 047 ***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 - No P.O. Box # 502 EAST BAKER ST. Suite, Apt. #, etc. SUITE B City & State PLANT CITY, FL Zip 33563		3. Mailing Address Suite, Apt. #, etc. City & State Country USA	
4. FEI Number 59-2605615		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRIMAN, RICHARD J. 730 S STERLING AVE STE 107 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 502 EAST BAKER ST. SUITE B City PLANT CITY FL Zip Code 33563	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRIMAN, RICHARD J. 730 SOUTH STERLING AVENUE SUITE 107 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 EAST BAKER ST., SUITE B PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRIMAN, GLORIA 730 SOUTH STERLING AVENUE SUITE 107 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 EAST BAKER ST., SUITE B PLANT CITY, FL 33563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 		R. J. MERRIMAN 4/29/08 (813) 275-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #