


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H91476 1. Entity Name MERCEDES HOMES REALTY, INC.	
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Principal Place of Business 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US	Mailing Address 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2624117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUESCHER, KEITH
 6905 N. WICKHAM ROAD
 SUITE 501
 MELBOURNE, FL 32940

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

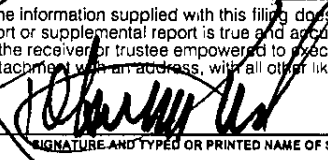
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUESCHER, KEITH 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUESCHER, SCOTT 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRARD, SUSAN D 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YELLAND, RONALD J 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT KUSH, ROBERT M 6905 N WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLF, SCOTT 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940

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 05/20/08-80037-023 138.75

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:  **ROBERT M. KUSCH** 4/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #