


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90053 040 \*\*\*150.00

**DOCUMENT # P06000143303**  
1. Entity Name  
**MERCHANT MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
1858 OKEECHOBEE BLVD.      1858 OKEECHOBEE BLVD.  
WEST PALM BEACH FL 33409      WEST PALM BEACH FL 33409



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State

4. FEI Number  
**20-8470453**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**SEVERSON, JOHN M  
400 COLUMBIA DRIVE  
SUITE 100  
WEST PALM BEACH FL 33409**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when registration)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>MERCHANT, SHARON J</b> <b>1858 OKEECHOBEE BLVD.</b> <b>WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: Sharon J. Merchant      1-19-07      561-683-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Optional Phone #