

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90054 047 \*\*\*150.00

**DOCUMENT # 012136**

1. Entity Name  
**MERRILL-STEVENS DRY DOCK CO.**



Principal Place of Business      Mailing Address  
 1270 N.W. 11TH STREET      1270 N.W. 11TH STREET  
 POST OFFICE BOX 1980      POST OFFICE BOX 1980  
 MIAMI, FL 33125-1601      MIAMI, FL 33125-1601

**J400J000**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01232004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-0357280**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**KIRTLAND, FRED W**  
**1270 NW 11TH ST.**  
**MIAMI, FL 33125-1601**

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

**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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	FOWLER, E. M	3188 ARGONNE DR., NW	ATLANTA, GA	<input type="checkbox"/>
D	EVERINGHAM, P. B.	2602 SAN DOMINGO ST.	CORAL GABLES, FL	<input type="checkbox"/>
PD	KIRTLAND, F. W.	7680 S.W. 48TH COURT	MIAMI, FL	<input type="checkbox"/>
CSVD	MERRILL, JAMES C III	1270 NW 11TH ST.	MIAMI, FL	<input checked="" type="checkbox"/>
D	MERRILL, R.H.	4575 ORTEGE BLVD	JACKSONVILLE, FL	<input type="checkbox"/>
D	SEELY, R.M.	4569 HUNTINGTON RD	JACKSONVILLE, FL 32210	<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S/D	Everingham, P.B.	2602 San Domingo St.	Coral Gables, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

**SIGNATURE** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04      305-324-5211  
Date      Daytime Phone #