

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 213068 1. Entity Name MERCER WENZEL, INC.	
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Principal Place of Business 401 E. ATLANTIC AVENUE P. O. BOX 2170 DELRAY BEACH, FL 33447-9170	Mailing Address 401 E. ATLANTIC AVENUE P. O. BOX 2170 DELRAY BEACH, FL 33447-9170
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0838726	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WENZEL, BRUCE B 401-E. ATLANTIC AVENUE DELRAY BEACH, FL 33444
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

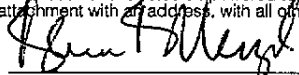
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENZEL, BRUCE B 401-E. ATLANTIC AVENUE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WENZEL, CHRISTINE A 401 E ATLANTIC AVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN ROSS 355 NE 5TH AVENUE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80025-013 150.00

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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 all other like empowered.

SIGNATURE:  **6-14-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #