# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2005**
**Secretary of State**

DOCUMENT# 292908

**Entity Name:** MERRITT CAPITAL CORP

**Current Principal Place of Business:**

1030 GRAY ROAD
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

1030 GRAY ROAD
COCOA, FL 32926 US

**New Mailing Address:**

**FEI Number: 59-1116348** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROWE, MORRIS A
1030 GRAY RD
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VP | ( ) Delete |
| Name: | WOODS, LOSSIE B., | |
| Address: | 4505 CLINTON AVE. | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | VP | ( ) Delete |
| Name: | WOODS, JEWELDENE, | |
| Address: | 4525 CLINTON AVE. | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | VP | ( ) Delete |
| Name: | DZIKOWSKI, DEBORAH W, . | |
| Address: | 8651 OSPREY LAND | |
| City-St-Zip: | JACKSONVILLE, FL | |
| Title: | PD | ( ) Delete |
| Name: | ROWE, MORRIS A | |
| Address: | 1030 GRAY RD | |
| City-St-Zip: | COCOA, FL | |
| Title: | T | ( ) Delete |
| Name: | REID, LEEANN H | |
| Address: | 1340 FIDDLER AVENUE | |
| City-St-Zip: | MERRITT ISLAND, FL 32952 | |
| Title: | VSD | ( ) Delete |
| Name: | ADAMS, DOROTHY E | |
| Address: | 983 LONG MEADOW LN | |
| City-St-Zip: | MELBOURNE, FL | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | DVST | (X) Change ( ) Addition |
| Name: | REID, LEEANN H | |
| Address: | 1340 FIDDLER AVENUE | |
| City-St-Zip: | MERRITT ISLAND, FL 32952 | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | HAID, SUSAN E | |
| Address: | 1030 GRAY ROAD | |
| City-St-Zip: | COCOA, FL FL US | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS A. ROWE DP 04/22/2005

Electronic Signature of Signing Officer or Director Date