

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90025 011 \*\*\*150.00

**DOCUMENT # 432095**

1. Entity Name

JOHN MERRILL, INC.



Principal Place of Business

825 N.W. 13TH STREET  
GAINESVILLE FL 32601-2909

Mailing Address

825 N.W. 13TH STREET  
GAINESVILLE FL 32601

**54025486**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1467093**

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

7. Name and Address of New Registered Agent

MERRILL, THOMAS L  
7120 NW 92ND PLACE  
GAINESVILLE FL 32653

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

*Thomas L. Merrill*

**PRESIDENT**  
**THOMAS L. MERRILL**

**1-22-04**

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete  
NAME **MERRILL, THOMAS L**  
STREET ADDRESS **7120 NW 92ND PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **MERRILL, ELIZABETH**  
STREET ADDRESS **8015 NW 28TH PLACE B- 306**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **MERRILL, ELIZABETH**  
STREET ADDRESS **8015 NW 28TH PLACE B- 306**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **MERRIL, JOHN E JR**  
STREET ADDRESS **729 NW 22ND ST**  
CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **MERRILL, JOHN E SR**  
STREET ADDRESS **8015 NW 28TH PLACE B- 306**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*John E. Merrill*  
**JOHN E. MERRILL, CHAIRMAN**

**1-22-04 352-372-1494**

Date

Daytime Phone #