

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 05, 2006 08:00 AM
Secretary of State**

DOCUMENT # 615936

**1. Entity Name
MERRITT AND WATSON, P.A.**



**Principal Place of Business
1500 E ORANGE AVE
EUSTIS, FL 32726**

**Mailing Address
1500 E ORANGE AVE
EUSTIS, FL 32726**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-1913359**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**MERRITT, JOHN I
1500 E ORANGE AVE
EUSTIS, FL 32726**

**DO NOT WRITE
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, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME MERRITT, JOHN I
STREET ADDRESS 2905 RUSTWOOD LANE
CITY-ST-ZIP EUSTIS, FL 32726**

**TITLE STD
NAME WATSON, RONALD H
STREET ADDRESS 36017 CLEAR LAKE CIRCLE
CITY-ST-ZIP EUSTIS, FL 32736**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
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01/09/06-80001-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-3-06 352-357-7932