2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 03, 2005 8:00 am Secretary of State **DOCUMENT # 649783** 1. Entity Name 05-03-2005 90062 042 ***150.00 RUSSELL J. MERRILL GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1901 HERON'S NEST NAVARRE FL 32566 US 1901 HERON'S NEST DRIVE NAVARRE FL 32566 2. Principal Place of Business Mailing Address 3116 Calle De Cortz Suite, Apt. #, etc. 3116 Calle De Cortz 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 59-1967012 Not Applicable Ζip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Russell MERRILL, RUSSELL J. 1901 HERON'S NEST DR Street Address (P.O. Box Number is Not Acceptable) NAVARRE FL 32566 lavarre 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Bé \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition Merrill, Russell J MERRILL, RUSSELL J. NAME 3116 Calle DeCortz STREET ADDRESS 1901 HERON'S NEST DRIVE STREET ADDRESS CITY-ST-7IP NAVARRE FL 32566 CITY-ST-ZIP Navarre, FL 32566 TITLE VST ☐ Defete TITLE Change Addition merrill, Susan L MERRILL, SUSAN L. MAME 3116 Calle De CorTz Navarre FL 32566 STREET ADDRESS 1901 HERON'S NEST DRIVE STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED