

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

01-13-2005 90002 025 ***150.00

DOCUMENT # 650658 1. Entity Name MERCURIO & BRIDGFORD, P.A.	
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Principal Place of Business 713 S ORANGE AVE SARASOTA, FL 34236-7717	Mailing Address 713 S ORANGE AVE SARASOTA, FL 34236-7717
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DO NOT WRITE IN THIS SPACE

66001209



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1960111	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MERCURIO, JOHN J
713 S ORANGE AVE
SARASOTA, FL 34236**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

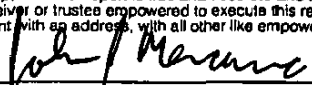
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MERCURIO, JOHN J 713 S ORANGE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGFORD, JONATHAN S 713 S ORANGE AVE SARASOTA, FL
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IN THIS SPACE**

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:  **2/2/05** **941-453-4505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #