

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90019 041 ***158.75

DOCUMENT # F05000007440 1. Entity Name MERCER CAPITAL, INC.					
Principal Place of Business 1200 N. FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432			Mailing Address 1200 N. FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 2 South Biscayne Blvd. Suite, Apt. #, etc. Suite 2100		3. Mailing Address 2 South Biscayne Blvd. Suite, Apt. #, etc. Suite 2100		07262007 Chg-P CR2E034 (12/06)	
City & State Miami, FL Zip Country 33131 USA		City & State Miami, FL Zip Country 33131 USA		4. FEI Number 91-2016679 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FLINCKINGER, ROBERT 1200 N. FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name B & C Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Boulevard Suite 2100 City State Zip Code Miami FL 33131				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: <u><i>Mike Gasco</i></u> DATE: <u>7/30/07</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLICKINGER, ROBERT 1200 N FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver Daniel S. Newman, Esq. 2 South Biscayne Blvd., Suite 2100 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, JOSEPH 1200 N FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/30/07</u> Daytime Phone #: <u>305-338-9100</u>		

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