


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 025 \*\*\*150.00

<b>DOCUMENT # F05000007440</b> 1. Entity Name <b>MERCER CAPITAL, INC.</b>					
Principal Place of Business <b>2 SOUTH BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131</b>			Mailing Address <b>2 SOUTH BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>91-2016679</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>B &amp; C CORPORATE SERVICE, INC 2 SOUTH BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>B &amp; C Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 South Biscayne Boulevard</b> <b>Suite 2100</b> City <b>Miami</b>	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u><i>Heide Guseo</i></u>				DATE <u>2/5/08</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FISHER, JOSEPH 1200 N FEDERAL HIGHWAY, SUITE 315 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Heide Guseo</i></u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Receiver 305-373-9400					