

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004472	
1. Entity Name MERCURY FLEET MANAGEMENT CONSULTING CORPORATION	
Principal Place of Business 16051 COMPRINT CIRCLE GAITHERSBURG, MD 20877	Mailing Address 16051 COMPRINT CIRCLE GAITHERSBURG, MD 20877



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0399429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURIA, PAUL T 16051 COMPRINT CIRCLE GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OWEN, RANDALL G 16051 COMPRINT CIRCLE GAITHERSBURG, MD 20877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, BRAD 16051 COMPRINT CIRCLE GAITHERSBURG, MD 20877
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06/04/08-80031-009 150.00

**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 #

5/12/08

301/519-0535