

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004745

1. Entity Name
MERC ACQUISITIONS, INC



FILED
Jul 24, 2008 08:00 AM
Secretary of State

Principal Place of Business
7800 HUB PKWY
VALLEY VIEW, OH 44125-5711

Mailing Address
7800 HUB PKWY
VALLEY VIEW, OH 44125-5711



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1604370
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL W
6582 COMMONWEALTH AVE., BLDG. 2
JACKSONVILLE, FL 32254

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000956249

07/24/08-80005-003 150.00

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	PD
NAME	BIANCO, TOM
STREET ADDRESS	16420 CROWN POINTE
CITY - ST - ZIP	CHAGRIN FALLS, OH 44023
TITLE	D
NAME	MERCKLE, ROBERT D
STREET ADDRESS	101 LEDGE RD.
CITY - ST - ZIP	HINKLEY, OH 44233
TITLE	D
NAME	PUFFERBERGER, JAMES C III
STREET ADDRESS	25101 CHAGRIN BLVD.
CITY - ST - ZIP	CLEVELAND, OH 44102
TITLE	DST
NAME	ROSS, STEVEN M
STREET ADDRESS	25101 CHEGRIN BLVD.
CITY - ST - ZIP	CLEVELAND, OH 44102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 #