

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 A
Secretary of State**

DOCUMENT # F22869

1. Entity Name
RICHARD W. MERRITT, D.C., P.A.



Principal Place of Business
1253 W MEMORIAL BOULEVARD
LAKELAND, FL 33815 US

Mailing Address
1253 W MEMORIAL BOULEVARD
LAKELAND, FL 33815 US



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2619379 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERRITT, RICHARD W. D.C.
1253 W. MEMORIAL BLVD.
LAKELAND, FL 33815

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MERRITT, RICHARD W.
STREET ADDRESS 1253 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL

TITLE ST
NAME MERRITT, GWENDOLYN
STREET ADDRESS 1253 W. MEMORIAL BLVD.
CITY-ST-ZIP LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

1100000425675
02/20/06-80011-012 150.00

**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 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 #