

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F93000003331

1. Entity Name
MERIT CREDIT, INC.



Principal Place of Business
12734 KENWOOD LN
#85
FORT MYERS, FL 33907 US

Mailing Address
12734 KENWOOD LN
#85
FORT MYERS, FL 33907 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006

Chg-P

CR2E034 (11/05)

4. FEI Number
36-3330502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULUS, THOMAS J.
12734 KENWOOD LN
#85
FORT MYERS, FL 33907

Name Susan Paulus
Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln. #85
City Ft. Myers FL Zip Code 33907

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

Susan Paulus

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/06

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME SPT
STREET ADDRESS PAULUS, THOMAS J
CITY-ST-ZIP 14220 ROYAL HARBOR CT. #707
FORT MYERS, FL 33908 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900070476589
04/14/06--01071--015 **61.25
☐ Change ☐ Addition

TITLE
NAME SV
STREET ADDRESS PAULUS, SUSAN
CITY-ST-ZIP 14220 ROYAL HARBOR CT. #707
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature]
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PEGGY BRIGGS
11820 Shirley Ln.
P.Ft. Myers, FL 33917
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Peggy Briggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06
Date

239-936-3446
Daytime Phone #

FILED

06 APR -5 AM 8:09

STATE
TALLAHASSEE, FLORIDA

