

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

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



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

PAULUS, SUSAN  
12734 KENWOOD LN  
#85  
FORT MYERS, FL 33907

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAULUS, SUSAN 14220 ROYAL HARBOR CT. #707 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOOTH, PEGGY 11820 SHIRLEY LN N FT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000782843  
01/15/08-80092-003 150.00

**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 #