

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91055 047 \*\*\*158.75

**DOCUMENT # F97000000961**



1. Entity Name

MERRITT & HARRIS, INC.

Principal Place of Business

110 E. 42ND ST., 12TH FLOOR  
NEW YORK NY 10017-5685

Mailing Address

110 E. 42ND ST., 12TH FLOOR  
NEW YORK NY 10017-5685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2644494

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

BLANTON, EDWIN F  
825 THOMASVILLE RD.  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE PDC ☐ Delete  
NAME RICHARD, THOMAS C.  
STREET ADDRESS 110 E. 42ND ST., 12TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017-5685

TITLE V ☐ Delete  
NAME WEILAND, ROBERT G.  
STREET ADDRESS 110 E. 42ND ST., 12TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017-5685

TITLE STDV ☐ Delete  
NAME DOODY, WILLIAM J.  
STREET ADDRESS 110 E. 42ND ST., 12TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017-5685

TITLE D ☐ Delete  
NAME ROWLAND, CORNELIUS A.  
STREET ADDRESS 110 E. 42ND ST., 12TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10017-5685

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

30 Apr 04 (212) 697-3188