

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90210 009 ***158.75

DOCUMENT # F97000000961

1. Entity Name

MERRITT & HARRIS, INC.



Principal Place of Business

90 JOHN ST
SUITE 503
NEW YORK NY 10038-3241

Mailing Address

90 JOHN ST
SUITE 503
NEW YORK NY 10038-3241



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

1st MOORE

CR2E034 (10/05)

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, 2006 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

11. ~~XXXXXXXX~~ CHANGES TO OFFICERS AND DIRECTORS IN ~~10~~ 10

TITLE	PDC	<input type="checkbox"/> Delete
NAME	RICHARD, THOMAS C.	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	NEW YORK NY 10017-5005	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEILAND, ROBERT G.	
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	
CITY-ST-ZIP	NEW YORK NY 10017-5005	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	DOODY, WILLIAM J	
STREET ADDRESS	119 E 42ND ST X 12TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017-5005	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLAND, CORNELIUS A.	
STREET ADDRESS	119 E 42ND ST X 12TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017-5005	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 John Street, Suite 503	
CITY-ST-ZIP	New York, NY 10038-3241	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 John Street, Suite 503	
CITY-ST-ZIP	New York, NY 10038-3241	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 John Street, Suite 503	
CITY-ST-ZIP	New York, NY 10038-3241	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	90 John Street, Suite 503	
CITY-ST-ZIP	New York, NY 10038-3241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William J. Doody* William J. Doody, Sr. V. P. & Controller 04/19/06 (212)697-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #