
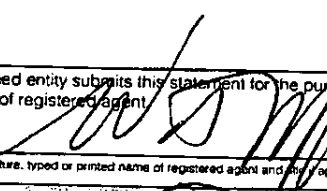
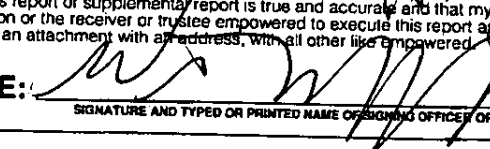


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90253 022 \*\*\*150.00

<b>DOCUMENT # H40207</b> 1. Entity Name <b>GUNN MERLIN, P.A.</b>						
Principal Place of Business <b>601 BAYSHORE BLVD. SUITE 800 TAMPA FL 33606 US</b>		Mailing Address <b>601 BAYSHORE BLVD. SUITE 800 TAMPA FL 33606 US</b>				
2. Principal Place of Business <b>177 S. Harbour Island Blvd</b> Suite, Apt. #, etc. <b>Ste 950</b> City & State <b>Tampa FL 33602</b> Zip <b>33602</b> Country <b>USA</b>		3. Mailing Address <b>177 S. Harbour Island Blvd</b> Suite, Apt. #, etc. <b>Ste 950</b> City & State <b>Tampa FL 33602</b> Zip <b>33602</b> Country <b>USA</b>				
4. FEI Number <b>59-2491706</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MERLIN, WILLIAM F JR. 1100 NORTH FLORIDA AVE., SUITE 300 TAMPA FL 33602</b>			7. Name and Address of New Registered Agent Name <b>Merlin, William F Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>177 S. Harbour Island Blvd Ste 950</b> City <b>Tampa</b> FL Zip Code <b>33602</b>			
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  : <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MERLIN, WILLIAM F. JR. <del>601 BAYSHORE BLVD. # 800</del> TAMPA FL 33606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>177 S. Harbour Island Blvd #950</b> <b>Tampa FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GUNN, LEE D IV <del>601 BAYSHORE BLVD. # 800</del> TAMPA FL 33606		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>777 S. Harbour Island Blvd #950</b> <b>Tampa FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5/7/04 813 229 1000 <small>Date Daytime Phone #</small>			