


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H84754 1. Entity Name MERCEDES HOMES, INC.	
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Principal Place of Business 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US	Mailing Address 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2630803	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BUESCHER, KEITH
6905 NORTH WICKHAM ROAD
SUITE 501
MELBOURNE, FL 32940**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000925203 05/20/08-80016-025 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUESCHER, KEITH 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUESCHER, SCOTT 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BUESCHER, HOWARD 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIRARD, SUSAN 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUSH, ROBERT M. 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWAIN, LINDA 6905 N. WICKHAM ROAD, SUITE 501 MELBOURNE, FL 32940

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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:  **4.21.08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____