

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1082

DOCUMENT # J88737

1. Entity Name

MERLIN INVESTORS, INC.



FILED

05 NOV -8 PM 5:28

SECRETARY OF STATE



Principal Place of Business

4201 WESTGATE AVE
#1
WEST PALM BEACH FL 33409
US

Mailing Address

4201 WESTGATE AVE
#1
WEST PALM BEACH FL 33409
US

2. Principal Place of Business

6160 SW State Rd 200

3. Mailing Address

6160 SW State Rd 200

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34476

Country

MARION

Zip

34476

Country

MARION

4. FEI Number

59-2836095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, CORINNE A
17411 40 RUN NORTH
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

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

835 NW 165 COURT Rd

Donnellon, FL 34431

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

Corinne Simpson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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
O
SIMPSON, CORINNE
17411 40 RUN NORTH
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
CORINNE SIMPSON
835 NW 165 COURT Rd
Donnellon, FL 34431 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400060722234
10/18/05--01072--010 **150.00 ☐ Change ☐ Addition

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

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

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

Corinne Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-05

Date



MERLIN INVESTORS, INC.

Licensed Mortgage Brokers



20f2

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref. Number J88737

Dear Sir:

I am writing in response to your letter dated October 24, 2005 and November 1, 2005. The first time I received this renewal was on October 10, 2005 at which time I returned it with the \$150.00.

Merlin Investors, Inc., has moved from West Palm Beach, FL to Ocala in February of 2005. I am requesting the waiver be placed on this application since I never received the form until October of 2005.

Sincerely,

Corinne Simpson
President