

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90058 008 \*\*\*150.00

<b>DOCUMENT # K25282</b>	
1. Entity Name <b>MERCER INVESTMENT PROPERTIES, INC.</b>	



Principal Place of Business <b>8771 COLLEGE PKY STE 101 FORT MYERS, FL 33919 US</b>	Mailing Address <b>8771 COLLEGE PKY STE 101 FORT MYERS, FL 33919 US</b>
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2. Principal Place of Business - No P.O. Box # <b>16465 RAINBOW MEADOWS Ct</b>	3. Mailing Address <b>16465 RAINBOW MEADOWS Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Myers, FL</b>	City & State <b>Fort Myers, FL</b>
Zip <b>33908</b>	Zip <b>33908</b>
Country <b>U.S.A.</b>	Country <b>USA</b>

4. FEI Number <b>65-0053060</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MERCER, RANDAL L 8771 COLLEGE PARKWAY STE 101 FT MYERS, FL 33-3919</b>	7. Name and Address of New Registered Agent Name <b>RANDAL L MERCER</b> Street Address (P.O. Box Number is Not Acceptable) <b>16465 RAINBOW MEADOWS Ct</b> City <b>FT MYERS</b> FL Zip Code <b>33908</b>
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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 *Randal L Mercer* DATE 2007-1-13  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTO MERCER, RANDAL L 8771 COLLEGE PARKWAY, SUITE 101 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTO RANDAL L MERCER 16465 RAINBOW MEADOWS Ct. FORT MYERS, FL 33908 <input checked="" 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
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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 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: *Randal L Mercer* **RANDAL L. MERCER** DATE 2007-1-13 DAYTIME PHONE # 401.3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40005869



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