


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90253 013 ***150.00

DOCUMENT # M64319

1. Entity Name
MERRICK PROPERTIES, INC.



Principal Place of Business Mailing Address

1499 W PALMETTO PK RD STE 400 1499 W PALMETTO PK RD STE 400
 BOCA RATON, FL 33486 BOCA RATON, FL 33486

24058189

2. Principal Place of Business 3. Mailing Address

8809 Twin Lake Drive *8809 Twin Lake Drive*


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BOCA RATON, FL. *BOCA RATON, FL.*

Zip Country Zip Country

33496 *USA* *33496* *USA*



04252004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0024640 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, LELAND
 1499 W PALMETTO PK RD STE 400
 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name *LELAND MORRIS*

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

8809 TWIN LAKE DRIVE

City *BOCA RATON* FL Zip Code *33496*

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: *Leland Morris* *PD LELAND MORRIS* *4/25/04*

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, LELAND M.	
STREET ADDRESS	1499 W PALMETTO PK #400	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LELAND MORRIS</i>	
STREET ADDRESS	<i>8809 TWIN LAKE DRIVE</i>	
CITY-ST-ZIP	<i>BOCA RATON, FL 33496</i>	
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		
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 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: *Leland Morris* *LELAND MORRIS* *4/25/04* *561-479-1999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #