

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 013 ****61.25

DOCUMENT # N03000006472 1. Entity Name MERRITT ISLAND CERT, INC.					
Principal Place of Business 3490 N. U.S. HIGHWAY 1 COCOA, FL 32926			Mailing Address POST OFFICE BOX 542663 MERRITT ISLAND, FL 32954		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0842984	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOILEAU, JOHN L 3490 N. U.S. HIGHWAY 1 COCOA, FL 32926				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, DAVID 3330 SPARTINA AVENUE MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLRODT ANTHONY 205 PALMENTO AVE APT 605 MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVASI-PATCHIN, JUDITH 850 N. ATLANTIC AVE., APT. D-503 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM WALTERMIRE 315 MARLIN DR MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENOVICH, JOAN 15 HEPBURN PLACE MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DENNIS 215 CARIB DRIVE MERRITT ISLAND, FL 32952		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDLUND, WALTER 235 EYR AVENUE MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/4/2005 Daytime Phone # _____					