

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90418 024 ****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

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number

55-0842984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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 ☐ Delete
NAME **D MCCOY, DAVID**
STREET ADDRESS **3330 SPARTINA AVENUE**
CITY-STATE-ZIP **MERRITT ISLAND, FL 32953**

TITLE ☒ Change ☐ Addition
NAME **S LINDA WOLFE**
STREET ADDRESS **540 GATEWAY DR**
CITY-STATE-ZIP **MERRITT ISLAND FL 32952**

TITLE ☒ Delete
NAME **D ELLRODT, ANTHONY**
STREET ADDRESS **205 PALMENTO AVE APT. 605**
CITY-STATE-ZIP **MERRITT ISLAND, FL 32953**

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

TITLE ☐ Delete
NAME **D WLATERMIRE, TIM**
STREET ADDRESS **315 MARLIN DR**
CITY-STATE-ZIP **MERRITT ISLAND, FL 32952**

TITLE ☒ Change ☐ Addition
NAME **T LORETTA PYLES**
STREET ADDRESS **335 JACALA DR**
CITY-STATE-ZIP **MERRITT ISLAND FL 32953**

TITLE ☒ Delete
NAME **D TAYLOR, DENNIS**
STREET ADDRESS **215 CARIB DRIVE**
CITY-STATE-ZIP **MERRITT ISLAND, FL 32952**

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

TITLE ☐ Delete
NAME **D FREDLUND, WALTER**
STREET ADDRESS **235 EYR AVENUE**
CITY-STATE-ZIP **MERRITT ISLAND, FL 32953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 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: **LORETTA PYLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta Pyles

April 17, 2006

321-452-1521

Daytime Phone #