


2006 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005589
 1. Entity Name
 MERCY EVERLASTING, INC.



Principal Place of Business Mailing Address
 10409 STIRRUP WAY 10409 STIRRUP WAY
 TAMPA, FL 33626 TAMPA, FL 33626

DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 20-1131411 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIS, JAMES
 10409 STIRRUP WAY
 TAMPA, FL 33626

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, JAMES
STREET ADDRESS	10409 STIRRUP WAY
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	TATUM, BRADFORD T
STREET ADDRESS	8094 COTTONWOOD TRAIL
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	DAVIS, CLAYTON
STREET ADDRESS	360 WESTWINDS DR
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  2-17-06 813-477-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #