

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2005  
Secretary of State**

DOCUMENT# N22954

Entity Name: MEARS COMMERCE CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-2986657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SWEGER, JOHN JR  
Address: 12104 STEPPINGSTONE BLVD  
City-St-Zip: TAMPA, FL 33635

Title: TD ( ) Delete  
Name: KIRKLAND, NORMAN  
Address: 1345 S MISSOURI AVE #107  
City-St-Zip: CLEARWATER, FL 33756

Title: VPD ( ) Delete  
Name: FLOYD, ROBERT  
Address: 208 SHORE DR  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WHITLEY, CARL  
Address: 130 SCARLET BLVD  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SWEGER JR

PD

04/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date