


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N29601	
1. Entity Name MERCHANTS PARK I ASSOCIATION, INC.	

Principal Place of Business C/O WILLIAM H. GRANT, III 859 PARK AVENUE, SUITE 104 ORANGE PARK, FL 32073	Mailing Address 859 PARK AVENUE, SUITE 100 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3013168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, WILLIAM H., III 859 PARK AVENUE SUITE 104 ORANGE PARK, FL 32073	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ABSHIRE, KYLE 859 PARK AVE, SUITE 102 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VANN, MARGARET 859 PARK AVE, STE 100 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VANN, HARRY 859 PARK AVE STE 100 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GRANT, BILL 859 PARK AVE, SUITE 104 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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05/21/04-80001-012 61.25

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: Margaret L. Vann **4/25/04** **904-269-3900**

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