



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 043 ****61.25

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		
2. Principal Place of Business 859 PARK AVE Suite, Apt. #, etc. SUITE 100		3. Mailing Address Suite, Apt. #, etc.			
City & State ORANGE PARK, FL		City & State		4. FEI Number 59-3013168	
Zip 32073		Country U.S.A		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				7. Name and Address of New Registered Agent Name MARGARET L. VANN Street Address (P.O. Box Number is Not Acceptable) 859 PARK AVENUE STE 100 City ORANGE PARK FL Zip Code 32073	
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 <u><i>Margaret L. Vann</i></u> Treasurer 3/9/05 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</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	DVP ABSHIRE, KYLE 859 PARK AVE, SUITE 102 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANN, MARGARET 859 PARK AVE, STE 100 ORANGE PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VANN, HARRY 859 PARK AVE STE 100 ORANGE PARK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRANT, BILL 859 PARK AVE, SUITE 104 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Margaret L. Vann</i></u> 3/9/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)</small>					
MARGARET L. VANN 904-268-3900 <small>(Daytime Phone #)</small>					