


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90024 024 \*\*\*\*61.25

<b>DOCUMENT # N94000005716</b>	
1. Entity Name <b>MERRITT PARK PLACE GROUP, INC.</b>	

Principal Place of Business <b>PO BOX 541735 MERRITT ISLAND, FL 32954</b>	Mailing Address <b>PO BOX 541735 MERRITT ISLAND, FL 32954</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3310405</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NATOWICH, SANDRA E</b> <b>321 PIONEER RD</b> <b>MERRITT ISLAND, FL 32953</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PERRONE, RALPH</b> <b>155 UTODIA CIRCLE</b> <b>MERRITT ISLAND, FL 32952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CYNTHIA POWELL</b> <b>251 MELEOD ST.</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KRING, BETH</b> <b>291 N COURTENAY PKWY</b> <b>MERRITT ISLAND, FL 32953</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CLAUDIA LAMBKIN</b> <b>236 N. GROVE ST.</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOYNT, BILL</b> <b>231 NO GROVE ST</b> <b>MERRITT ISLAND, FL 32953</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DEENA HANSON</b> <b>135 MYRTICE AVE</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T D</b> <b>DAY, DICK</b> <b>3785 LAURETTE RD</b> <b>MERRITT ISLAND, FL 32952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BETH KRING</b> <b>291 N. COURTENAY PKWY</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MCGIRR, DEBRA</b> <b>264 N GROVE ST</b> <b>MERRITT ISLAND, FL 32952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONNIE HADDOCK</b> <b>231 N. GROVE ST.</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARTHURS, ROBERT</b> <b>165 N GROVE ST</b> <b>MERRITT ISLAND, FL 32952</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIRGINIA LAMBKIN-HERNT</b> <b>220 N. GROVE ST</b> <b>M.I. 32953</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** RICHARD L. DAY JR. *Richard L Day Jr* 1/8/04 321-453-3074  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #