2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000021973

1. Entity Name
MERVILLE ENTERPRISES INC.

Principal Place of Business	Mailing Address
4970 N.W. 6TH STREET COCONUT CREEK, FL 33063	4970 N.W. 6TH STREET COCONUT CREEK, FL 33063

DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0990377

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RHONDA K
7737 N. UNIVERSITY DRIVE
SUITE 104
TAMARAC, FL 33321

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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 _____
Signature, typed or printed name of registered agent and, if applicable, title of officer TITLE, if registered agent is an entity (required when applicable) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000096910
03/26/04-80017-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FACEY, MERLENE S
STREET ADDRESS	4970 NW 6TH STREET
CITY ST ZIP	COCONUT CREEK, FL 33063
TITLE	S
NAME	FACEY, ORVILLE D
STREET ADDRESS	4970 NW 6TH STREET
CITY ST ZIP	COCONUT CREEK, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: _____ 3 - 24 - 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date