



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 017 ***150.00

DOCUMENT # P00000023474 1. Entity Name MERKERSON ASSOCIATES, INC.					
Principal Place of Business 4915 BAYMEADOWS RD. 12B JACKSONVILLE, FL 32217			Mailing Address P.O. BOX 56466 JACKSONVILLE, FL 32241		
2. Principal Place of Business 5360 VIVERA LANE Suite, Apt. #, etc. Jacksonville, Florida City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 32244 Country Duval		Zip Country		04302004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3636965				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPLAN, HOWARD A. 3900 ATLANTIC BLVD. JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Howard A. Caplan, Attorney, P.A. Street Address (P.O. Box Number is Not Acceptable) 6260 Dupont Station Court Suite C City Jacksonville FL Zip Code 32217		
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>Howard A. Caplan, President</i></u> DATE <u><i>4/30/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MERKERSON, JOHN D P.O. BOX 56466 JACKSONVILLE, FL 32241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>John D. Merkerson</i></u> <u><i>4/30/04</i></u> <u><i>908 443-6366</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					