

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000031378**

1. Entity Name  
**MERRITT GROUP, INC.**



FILED

05 MAR 24 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>3027 ROBINSON RD W JACKSONVILLE, FL 32220</b>	Mailing Address <b>3027 ROBINSON RD W JACKSONVILLE, FL 32220</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3711168**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MERRITT, MACATHUR P  
3027 ROBINSON RD W  
JACKSONVILLE, FL 32220**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Amended AR is \$61.25**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, MACARTHUR P	
STREET ADDRESS	3027 ROBINSON RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MERRITT, TERRIE E	
STREET ADDRESS	3027 ROBINSON RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	500043898185	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	01/04/05--01011--003 **\$61.25	
CITY-ST-ZIP		
TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, TERRIE E	
STREET ADDRESS	3027 ROBINSON RD W	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Terrie Merritt* **Terrie Merritt** 4/1/04 356-8380

Date Daytime Phone #

3/21/05