

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
3027 ROBINSON RD W
JACKSONVILLE, FL 32220

Mailing Address
3027 ROBINSON RD W
JACKSONVILLE, FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3711168

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME MERRITT, MACARTHUR P ☒ Delete
STREET ADDRESS 3027 ROBINSON RD W
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME 500043898185 ☐ Change ☐ Addition
STREET ADDRESS 01/04/05--01011--003 **\$61.25
CITY-ST-ZIP

TITLE DVS
NAME MERRITT, TERRIE E ☐ Delete
STREET ADDRESS 3027 ROBINSON RD W
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE DPTS
NAME MERRITT, TERRIE E ☒ Change ☐ Addition
STREET ADDRESS 3027 ROBINSON RD W
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 500043898185
CITY-ST-ZIP 04/01/05--01007--005 **\$88.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrie Merritt 4/1/04 356-8380
Date Daytime Phone #

3/21/05