

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90401 019 ***150.00

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1. Entity Name

MERLO CORPORATION



Principal Place of Business

5029 SE CR 760
ARCADIA FL 34266

Mailing Address

5029 SE CR 760
ARCADIA FL 34266

2. Principal Place of Business

1004 W. Main St.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Avon Park FL 33825

City & State

Avon Park FL 33825

Zip

Country

Highlands

Zip

Country

4. FEI Number

59-3744004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
124 N. BREVARD AVE.
ARCADIA FL 33821

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MERLO, ENRIQUE
STREET ADDRESS 5029 SE CR 760
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ Delete
NAME MERLO, ENEDINA
STREET ADDRESS 5029 SE CR 760
CITY-ST-ZIP ARCADIA FL 34266

TITLE D ☐ Delete
NAME MERLO, BALDEMAR
STREET ADDRESS 1920 N. MORNINGSDR.
CITY-ST-ZIP AVON PARK FL 33825

TITLE D ☐ Delete
NAME MERLO, MARIA C
STREET ADDRESS 1920 N. MORNINGSDR.
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

Eugene E. Waldron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-04 (863)-494-7891