

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90042 002 ***150.00

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1. Entity Name

MERLO CORPORATION



Principal Place of Business

**1004 W MAIN ST
AVON PARK FL 33825**

Mailing Address

**5029 SE CR 760
ARCADIA FL 34266**

2. Principal Place of Business

1004 W MAIN ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK FL

City & State

4. FEI Number

59-3744004

Applied For

Not Applicable

Zip

33825

Country

Highlands

Zip

Country

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, 2005 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 ☐ Delete
NAME **D**
STREET ADDRESS **MERLO, ENRIQUE**
CITY-ST-ZIP **5029 SE CR 760
ARCADIA FL 34266**

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MERLO, MARIA C**
CITY-ST-ZIP **1920 N. MORNINGSIDE RD.
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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-05 (863) 990-1535