

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000003063 1. Entity Name MIDNIGHT MERMAID, INC.	
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Principal Place of Business 955 W. ST. CLAIR AVE., #1212 CLEVELAND, OH 44001	Mailing Address PO BOX 392 AMHERST, OH 44001
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1948225	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GABBARD, W. DALE 3609 W. AZEELE STREET TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
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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 state 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	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARSALL, WAYNE 955 W ST CLAIR AVE, #212 CLEVELAND, OH 44113
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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 persons empowered.

SIGNATURE: WAYNE PEARSALE 1/8/05 216 589-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #