## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P02000091881 1. Entity Name 04-23-2004 90272 023 \*\*\*150.00 MERRIMAC CUSTOM HOMES, INC. Principal Place of Business Mailing Address 16003 BETHANY PLACE 16003 BETHANY PLACE **J4U06000 TAMPA FL 33647** TAMPA FL 33647 2. Principal Place of Business ake Fern ed Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State 4. FEI Number Applied For 04-3710739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eet Address (P.O. Box Number is Not Acceptable) 16003 BESHANY PLACE TAMPA FL 33647 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Addition NAME COX, MITCHELL A NAME STREET ADDRESS 16003 BETHANY PLACE STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP CITY-ST-ZIP Shange VPS TITLE ☐ Delete TITLE Addition NAME COX, MERRILL L NAME 16003 BETHANY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TTLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME

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 of 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 without address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

MERRILL CON

☐ Delete

4/20/04813-629-3926

☐ Change

☐ Addition

FILED