

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90204 009 \*\*\*150.00

**DOCUMENT # P02000092376**

1. Entity Name

MERRITT PRECISION TECHNOLOGIES, INC.



Principal Place of Business

4075 OLD SETTLEMENT RD  
MERRITT ISLAND FL 32952

Mailing Address

25 MCLEOD STREET  
MERRITT ISLAND FL 32953

2. Principal Place of Business

3. Mailing Address

PO BOX 540727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MERRITT ISLAND, FL

Zip

Country

Zip

Country

32954-0727 USA

4. FEI Number

13-4210794

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.  
25 MCLEOD STREET  
MERRITT ISLAND FL 32953

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WEGERIF, DANIEL	4075 OLD SETTLEMENT ROAD	MERRITT ISLAND FL 32952	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DANIEL WEGERIF	4075 OLD SETTLEMENT ROAD	MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	DOUGLAS A. KEEHN, JR.	1715 VEGA AVENUE	MERRITT ISLAND, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	JAMES T. POWER	133 WEST LEON LANE	COCOA BEACH, FL 32931	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	FRANK B. OUSLEY II	590 PAULA AVENUE	MERRITT ISLAND, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Daniel G. Wegerif* Daniel G. Wegerif Ph.D. 4/26/04 (321)453-8832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #