


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90039 032 \*\*\*150.00

<b>DOCUMENT # P02000092376</b>	
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<b>1. Entity Name</b> MERRITT PRECISION TECHNOLOGIES, INC.	<b>Principal Place of Business</b> 4075 OLD SETTLEMENT RD MERRITT ISLAND, FL 32952	<b>Mailing Address</b> P.O. BOX 540727 MERRITT ISLAND, FL 32954-0725
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<b>2. Principal Place of Business</b> 3401 N. COURTENAY PKWY Suite, Apt. #, etc. BLDG. 1	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> MERRITT ISLAND, FL	<b>City &amp; State</b>
<b>Zip</b> 32953	<b>Country</b> USA



02012005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 13-4210794	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
<b>6. Name and Address of Current Registered Agent</b> MARKEY & FOWLER, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953	
<b>7. Name and Address of New Registered Agent</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> WEEGERIF, DANIEL 4075 OLD SETTLEMENT ROAD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> KEEHN, DOUGLAS A JR. 1715 VEGA AVENUE MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> KEEHN, DOUGLAS A JR. 1715 VEGA AVE. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> OUSLEY, FRANK B II 590 PAULA AVENUE MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> POWER, JAMES T 133 W LEON LANE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> POWER, JAMES T 133 W. LEON LANE COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> OUSLEY, FRANK B II 590 PAULA AVE. MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> WEEGERIF, DANIEL 4075 OLD SETTLEMENT ROAD MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.**

**SIGNATURE:** Frank B Ousley II **5/17/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #