


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90202 039 ***150.00

DOCUMENT # P02000124470

1. Entity Name
MERIT HOMES, INC.



Principal Place of Business Mailing Address


621 CAPE CORAL PKWY E **621 CAPE CORAL PKWY E**
2 **2**
CAPE CORAL, FL 33904 **CAPE CORAL, FL 33904**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HAGAN, IV, SAMUEL J
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name: **FRANK PAVESE JR., Esquire**
 Street Address (P.O. Box Number is Not Acceptable): **4635 DEL PRADO BLVD S.**
 City: **CAPE CORAL** FL Zip Code: **33904**

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: *Frank Pavese Jr., Esquire* DATE: **2-20-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, SR., THOMAS C	NAME	
STREET ADDRESS	19499 DEER LAKE ROAD	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, JR., THOMAS C	NAME	Fry, Jr., Thomas C
STREET ADDRESS	48205 WINTERHAVEN LANE, #1606	STREET ADDRESS	1836 SW 50th Terrace
CITY-ST-ZIP	PORT MYERS, FL 33912	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 titles empowered.

SIGNATURE: *[Signature]* Date: **239-541-0058** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR