

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 001 ***150.00

DOCUMENT # P03000049097																																																					
1. Entity Name M. MERBITZ, INC.																																																					
Principal Place of Business 465 RIVER GROVE CT MERRITT ISLAND, FL 32953			Mailing Address 465 RIVER GROVE CT MERRITT ISLAND, FL 32953																																																		
2. Principal Place of Business		3. Mailing Address																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip	Country	Zip	Country	4. FEI Number 51-0469693																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent MERBITZ, MARTIN H 465 RIVER GROVE CT 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 5px;"> D MERBITZ, MARTIN H 465 RIVER GROVE CT MERRITT ISLAND, FL 32953 </td> <td style="width: 30%; padding: 5px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 30%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 5px;"> D MERBITZ, SHARON L. 465 RIVER GROVE CT. Merritt Island, FL 32953 </td> <td style="width: 30%; padding: 5px; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERBITZ, MARTIN H 465 RIVER GROVE CT MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERBITZ, SHARON L. 465 RIVER GROVE CT. Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: <u>Martin H. Merbitz</u> <u>Martin H. Merbitz</u> <u>7-1-04</u> <u>321-458-5507</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					

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07012004 Chg-P CR2E034 (10/03)