

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000092440

1. Entity Name

MERRITT INDUSTRIAL PARK, INC.



Principal Place of Business

3201 N ATLANTIC AVE
COCOCA BEACH, FL 32931

Mailing Address

3201 N ATLANTIC AVE
COCOCA BEACH, FL 32931



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number

54-2127135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KABBOORD, DAVID W
3201 N ATLANTIC AVE
COCOCA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KABBOORD, DAVID W
STREET ADDRESS 3201 N ATLANTIC AVE
CITY-ST-ZIP COCOCA BEACH, FL 32931

TITLE STD
NAME KABBOORD, MARK D
STREET ADDRESS 3201 N ATLANTIC AVE
CITY-ST-ZIP COCOCA BEACH, FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000758982
05/24/07-80024-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #