

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000142788

1. Entity Name

MERV MYERS CONSTRUCTION, INC.



**FILED
Feb 02, 2005 8:00 am
Secretary of State**

02-02-2005 90072 049 ***150.00

Principal Place of Business

13755 SW MYERS DAIRY RD.
BLOUNTSTOWN FL 32424

Mailing Address

13755 SW MYERS DAIRY RD.
BLOUNTSTOWN FL 32424

2. Principal Place of Business

13855 SW Myers Dairy Rd

3. Mailing Address

13855 SW Myers Dairy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Blountstown FL

City & State
Blountstown FL

Zip 32424 Country USA

Zip 32424 Country USA

6. Name and Address of Current Registered Agent

MYERS, MERV
13755 SW MYERS DAIRY RD.
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name Myers, Merv

Street Address (P.O. Box Number is Not Acceptable)

13855 SW Myers Dairy Rd

City

Blountstown

FL

Zip Code 32424

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

Merv Myers

Merv Myers

1-28-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when remailing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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	PST MYERS, MERV 13755 SW MYERS DAIRY RD. BLOUNTSTOWN FL 32424	<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	V MYERS, DORIS 13755 SW MYERS DAIRY RD. BLOUNTSTOWN FL 32424	<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

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:

Merv Myers

1-28-05 (850) 674-8643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #