2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 08, 2004 8:00 am Secretary of State 07-08-2004 90099 032 ***550.00

DOCUMENT #-P03000152688 1. Entity Name MERRITT & MERRITT, ATTORNEYS AT LAW, P.A.							07-00-2004	- J	, o. o
Principal Place 1800 SECON SARASOTA, F	D ST STE 852		Mailing Address 1800 SECOND ST STE 8 SARASOTA, FL 34236	52		(4808 1 41 4	1871	54060	569
1800 Suite, Apt.		STREET 180	3. Mailing Address 1800 SELC Suite, Apt. #. etc.	OND STRE		07022004	Chg-P	CR2E034 (10/03)	
City & State		FLORIDA	City & State SARASOTA	000	7. 1.	4. FEI Numbe	715912	— — — — — — — — — — — — — — — — — — —	pplied For
3423	6	Country	34236	Country U.S.A	7	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
	. 6. Name a	nd Address of Current	Registered Agent	Name			Address of New R	egistered Agent	· <u> </u>
MERRITT,		T 050		/	MERI ddress (P.)		LISTAND Y	L.	
	OND ST ST A, FL 3423			0.000			180	STREE T	
* *				City e		DITE ASOTA		FL Zip Co	4236
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 PROBLEM TO RANDY L. MERRITT 7-2-04 SIGNATURE Signature, tyled or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renotating) DATE									
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing S5.00 May Be Added to Fees									
10.	Грот	OFFICERS AND		11.	DP	-		ICERS AND DIRECTOR	C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	RANDY L OND ST STE 852 A, FL 34236	☐ Dolote	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAN	DY L.I	NERRITA ND STRE I, FL 3	ET, SVITE	□ Addition : 180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JACK W OND ST STE 852 A, FL 34236	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IBO		LERRITT ND STREET A, FL 34	. ⊠ Change TSUITE 78 1236	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>A</i>		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
	certify that the	information supplied with	h this filing does not qualify for		ted in Sect	tion 119.07(3)(), 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: Randy 2 Munt	, RANDY L. MERRITT	7-2-04	941-953-4140	
SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	