2005 FOR PROFIT CORPORATION

FILED Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000011913** 04-25-2005 90240 029 ***150.00 HERBERT MERRICKS JR., INC. Principal Place of Business Mailing Address 3272 BIG VALLEY DR. 3272 BIG VALLEY DR. MMTEEVU LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-06 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERRICKS, JANICE 3272 BIG VALLEY DR. Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33813 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition MERRICKS HERBERT JR NAME NAME 3272 BIG VALLEY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITI F Change TITLE ☐ Delete ■ Addition NAME MERRICKS, HERBERT III NAME STREET ADDRESS 3272 BIG VALLEY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33813 TITLE Delete TITLE ☐ Change ☐ Addition JACKSON, TOMMY NAME NAME 5341 KEELY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE - Change --- - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change | ■ 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 like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

□ Delete

4-20~05

Daytime Phone #

Change

Addition |