




2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1 of 3

8/3/2005-90063-023-\$150.00-\$150.00

DOCUMENT # P04000088808 1. Entity Name MERCHANTIQUES, INC.				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 25 AM 9:02  1st MOORE CR2E034 (10/04)	
Principal Place of Business 15040 MADEIRA WAY MADEIRA BEACH FL 33708		Mailing Address 15040 MADEIRA WAY MADEIRA BEACH FL 33708			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1218767	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS, ROBERT J 1135 PASADENA AVENUE SOUTH SUITE 140 ST. PETERSBURG FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 use if applicable (NOTE: Registered Agent signature required when renewing)</small>	
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. <input type="checkbox"/> \$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	PTD HENRY, WILLIAM B 1515 BAYSHORE BLVD. UNIT 16 DUNEDIN FL 34698	<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	SVD BERRINGER, DON R 1515 BAYSHORE BLVD. UNIT 16 DUNEDIN FL 34698	<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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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: 				7/22/05 (727) 642-0477	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone</small>	

Merclontigas, Inc.
15040 Madeira Way
Madeira Beach, FL 33708

August 21, 2005

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference # P04000088808

I am requesting a waiver of the late fee for the filing of my annual report for the above named corporation.

I am sorry my first letter, with my annual report and check for \$150.00, was unclear.

I did not receive the original notice that this report was due by May 1, 2005. I was totally unaware such a report, or filing fee was due, as it is my first year in business in the State of Florida.

Please be so kind as to waive the \$400.00 balance due. I apologize

for any inconvenience this may have
caused your office. It certainly
was not intentional, on my part,
not to file the report or pay the
amount due.

Sincerely,

William B. Henry
(William B. Henry)