

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2008 8:00 am  
Secretary of State

01-24-2008 90032 012 \*\*\*150.00

<b>DOCUMENT # P04000093732</b>					
<b>1. Entity Name</b> MERRY MOUSE, INC.					
<b>Principal Place of Business</b> 1261 GULF BLVD # 123 CLEARWATER, FL 33767			<b>Mailing Address</b> 1261 GULF BLVD # 123 CLEARWATER, FL 33767		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1295834	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CRAPSE, JENNIFER L 1261 GULF BLVD #123 CLEARWATER, FL 33767			<b>7. Name and Address of New Registered Agent</b> Name <u>FRANK SPETZLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>1261 GULF BLVD #123</u> City <u>CLEARWATER</u> <u>FL</u> Zip Code <u>33767</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> <u>VP</u> DATE <u>1-18-08</u> <small>(NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRAPSE, JENNIFER L 1261 GULF BLVD. #123 CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCIA SPETZLER 14613 LORIDAWN DR SEMINOLE, FL 33776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK SPETZLER 14613 LORIDAWN DR SEMINOLE, FL 33776		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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jennifer L Crapse Pres</u>			Date <u>1/18/08</u> Daytime Phone # <u>727 595 5075</u>		