

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90019 042 \*\*\*158.75

<b>DOCUMENT # P04000108387</b>	
1. Entity Name <b>MERCER CAPITAL MANAGEMENT, INC.</b>	

Principal Place of Business <b>1200 N FEDERAL HWY SUITE 315 BOCA RATON, FL 33432 US</b>	Mailing Address <b>1200 N FEDERAL HWY SUITE 315 BOCA RATON, FL 33432 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2 South Biscayne Blvd.</b>	3. Mailing Address <b>2 South Biscayne Blvd.</b>
Suite, Apt. #, etc. <b>Suite 2100</b>	Suite, Apt. #, etc. <b>Suite 2100</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country <b>USA</b>	Country <b>USA</b>

40120000



07262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>90-0314005</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>
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7. Name and Address of New Registered Agent Name <b>B &amp; C Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 South Biscayne Boulevard</b> <b>Suite 2100</b> City <b>Miami</b> FL Zip Code <b>33131</b>
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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 *Michael L. Lues* DATE 7/30/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FLICKINGER, ROBERT 1200 N FEDERAL HWY STE 315 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver Daniel S. Newman, Esq. 2 South Biscayne Blvd., Suite 2100 Miami, Florida 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR FISHER, JOSEPH 4800 SW MACADAM AVE # 350 PORTLAND, OR 97239 <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 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.

SIGNATURE: *Michael L. Lues* Date 7/30/07 Daytime Phone # 305-373-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR