2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144862								FILED					
Entity Name MERRITT BUILDING CORPORATION									5 2 <u>2</u>	<i>ل</i> ا ما م	i		
ļ									06 APR 13	AH IO	: 03		
Principal Plac		s	•	Mailing Address				τ.	SECRETAR ALLAHASS	Y OF ST	ATE		
7118 TOWNER TRACE Tallahassee, FL 32312				7118 TOWNER TRACE Tallahassee, Fl. 32312				1,	ALLAHASS	EE, FLO	RID£		
2. Principal Place of Business 9346 Ruck Haven Trail				3. Mailing Address 9346 Buck Haven Trail									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04112006	Chg-P	CR2E	034 (11/05)		
City & State Tallahassex, Florida				City & State Talbhassee, Florida				4. FEI Numb			 	plied For	
Zip	Zip Country		Zip	Zip C		Country			of Status Desired	, _П	\$8.75 Add		
3231	3231Z Leon 6. Name and Address of Current F					~~	7. Name and Address of New				Fee Required		
MERRITT, DAVID									id Merritt				
								(P.O. Box Number is Not Acceptable)					
								Buck Haven Trail					
City Tallahassec FL Zip Code 72712												スノス	
8. The above the obligat	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 Signature, lived or printed name of egistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing											‡ 50.00		
10.	OFFICERS AND D						P.		/CHANGES TO C	FFICERS AN			
TITLE NAME	MERRITT	, DAVID	☐ Delete	TITLE M			ritt, D	wid L. T. 1		Change Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP		WNER TRACE ASSEE, FL 32312				ADDRESS T-ZIP			ovenTrail Fl., 323	12			
TITLE				☐ Delete TI			VP.		•	<u> </u>	☐ Change	Addition	
NAME STREET ADDRESS	ess			NAM STRE			Fern Po Bo	er, Juan x196	-				
CHY-ST-ZIP				СПУ-			Gree	usboro, Fi	1., 32330				
TITLE NAME				Delete TITLE NAME STRE			villa,	Fransis	40		☐ Change	⊠ Addition	
STREET ADDRESS CITY-ST-ZIP							PO BO	×194	=1., 3233	^		İ	
TITLE	☐ Delete						gne	uspore, 1	-1., 3633		☐ Change	Addition	
NAME STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·												
TITLE Name	Delete TITLE NAMI STRE										☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP													
TITLE	CITY Delete TITLE										Change	Addition	
NAME STREET ADDRESS		NAME STREET	ADDRESS		_	<i>(</i>)			_				
CITY-ST-ZIP					CITY-SI	į		1) 4	112 /64				
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 eath; that I am an officer or director													
of the corporation or the receiver or trusted 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.													
SIGNAT	URE: _	SIGNATURE AND TYPES OR	PRINTED NAME	OF SIGNING OFFICER	CYVIT OR DIRECTOR	K			4/13/06	(850)	39/-//4 Daytime Phone #	¥/	