

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065278

Entity Name: MERIT RESIDENTIAL, INC.

FILED
Apr 06, 2008
Secretary of State

Current Principal Place of Business:

6900 S ORANGE BLOSSOM TRAIL, SUITE 432
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6900 S ORANGE BLOSSOM TRAIL, SUITE 432
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-2848775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINEOLA CONSULTING, INC.
6900 S ORANGE BLOSSOM TRAIL, SUITE 432
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANE, PAUL C
Address: 7087 GRAND NATIONAL DR SUITE 100
City-St-Zip: ORLANDO, FL 32819

Title: S T () Delete
Name: BOUCHENOT, SOPHIE
Address: 6900 S. ORANGE BLOSSOM TRAIL, STE 432
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIE BOUCHENOT

S

04/06/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date