2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P05000146460** 02-06-2006 90078 044 ***150.00 1. Entity Name M.E.R.C.R.E.D.I., INC. Principal Place of Business Mailing Address 24730 SANDALL BOULEVARD PUNTA GORDA FL 33983 P.O. BOX 494274 PORT CHARLOTTE FL 33949 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEHRLE, JACQUE -Street Address (P.O. Box Number is Not Acceptable) 24730 SANDALL BOULEVARD **PUNTA GORDA FL 33983** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE red agent and little if application (NOTE: Regislation Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delets TITLE ☐ Change ☐ Addition MARK WEHRLE, JACQUE NAME STREET ADDRESS 24730 SANDALL BOULEVARD STREET ADDRESS PUNTA GORDA FL 33983 CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete me ☐ Change ☐ Addition MALLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F □ Change ☐ Addition NAME PANIF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Detete IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7P MILE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 2006 8:00 am





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

M.E.R.C.R.E.D.I., INC. P.O. BOX 494274 PORT CHARLOTTE, FL 33949

Subject: M.E.R.C.R.E.D.I., INC.

Reference Number:

P05000146460

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION Corrected (Corrected)