2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000146460

1. Entity Name
M.E.R.C.R.E.D.I., INC.

Principal Place of Business	Mailing Address
24730 SANDHILL BOULEVARD UNIT 904 PUNTA GORDA, FL 33983	P.O. BOX 494274 PORT CHARLOTTE, FL 33949

01242008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
20-3755479		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

LAW OFFICES OF ROBERT L. CEMOVICH, P.A.
2383 TAMIAMI TRAIL SOUTH
SUITE D
VENICE, FL 34293

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	GRASLAND, CLEMENT
STREET ADDRESS	24730 SANDHILL BOULEVARD, UNIT 904
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	SIMON, JULES
STREET ADDRESS	24730 SANDHILL BOULEVARD, UNIT 904
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/08-80054-018 150.00

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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: _____   3/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #