2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P06000077707

1. Entity Name JOHN R. MERCIER, INC.



05-27-2008 90035 049 ***150.00

May 27, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

5595 SCHENK AVE., STE. 1 ROCKLEDGE, FL 32955 Mailing Address

175 KINGS WAY

SATELLITE BEACH, FL 32937



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 76-0530 920

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MERCIER, JOHN R. SR. 5595 SCHENK AVE., STE. 1 ROCKLEDGE, FL 32955

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

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 little if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$150.00		9. Election Campaign F	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCIER, JOHN R. SR. 175 KINGS WAY SATELLITE BEACH, FL 32937						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			namaka nga paga				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		
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.							