


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90002 010 ***150.00

DOCUMENT # P06000153475 1. Entity Name MERRIWETHER'S, INC					
Principal Place of Business 5161 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609			Mailing Address 5161 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		
2. Principal Place of Business - No P.O. Box # 3089 ANDERSON SNOW ROAD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State		4. FEI Number 20-8070640	
Zip 34609	Country US	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LICATE, ANN M 5161 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LICATE, ANN M STREET ADDRESS 5161 CHAMPIONSHIP CUP LANE CITY-ST-ZIP BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LICATE, ANTHONY STREET ADDRESS 5161 CHAMPIONSHIP CUP LANE CITY-ST-ZIP BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: X <i>Ann M. Licate</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			ANN M. Licate Pres. (352) X 3/23/07 206-0315 <small>Date Daytime Phone #</small>		

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