

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26400

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: WANT ADS OF MERRITT ISLAND, INC.

## Current Principal Place of Business:

240 SOUTH COURTENAY PKWY  
MERRITT ISLAND, FL 32952 US

## New Principal Place of Business:

## Current Mailing Address:

455 E. PIKES PEAK  
305  
COLORADO SPRINGS, CO 80903 US

## New Mailing Address:

FEI Number: 59-2911627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC  
526 E. PARK AVE  
SUITE 105  
TALLAHASSEE, FL 32301 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: SD ( ) Delete  
Name: EARLES, CHARLES E  
Address: 20011 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL

Title: PT ( ) Delete  
Name: GREGORY, MARY  
Address: 240 S COURTENAY PKWY.  
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete  
Name: CHRISTENSEN, ROBERT L  
Address: 20011 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: TREESE, HARRY S  
Address: 3901 WEST WACO DRIVE  
City-St-Zip: WACO, TX 76710

Title: D ( ) Delete  
Name: MODLIN, KIMBERLY  
Address: 20011 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: CHRISTENSEN, MARY T  
Address: 2406 MORNING STAR CT.  
City-St-Zip: PARK CITY, UT 84060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: KIM MODLIN

D

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date