

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000043964

1. Entity Name  
GEORGE MERLIN ASSOCIATES INC.



Principal Place of Business  
7729 HOLIDAY DR  
SNUG HARBOR VILLAGE  
SARASOTA, FL 34231

Mailing Address  
7729 HOLIDAY DR  
SNUG HARBOR VILLAGE  
SARASOTA, FL 34231

**DO NOT WRITE IN THIS SPACE**

**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90338 030 \*\*\*150.00

40072645



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0423463	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MERLIN, GEORGE
STREET ADDRESS	7719 HOLIDAY DR.
CITY-ST-ZIP	SARASOTA, FL 34231

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 941-923-8668  
Date Daytime Phone #