




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000057685</b>			
1. Entity Name <b>MERIT INC. OF BAKER COUNTY</b>			
Principal Place of Business <b>5565 CHERRYTREE AVENUE MACCLENNY, FL 32063</b>		Mailing Address <b>P.O. BOX 1374 MACCLENNY, FL 32063 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-3199817</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>JOHNS, WALTER D 5565 CHERRYTREE AVE MACCLENNY, FL 32063</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000520773 05/02/06-80106-019 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	HINSON, LARRY C		
STREET ADDRESS	5565 CHERRY TREE AVE		
CITY-ST-ZIP	MACCLENNY, FL 32063		
TITLE	PD		
NAME	JOHNS, WALTER D		
STREET ADDRESS	5565 CHERRYTREE AVE		
CITY-ST-ZIP	MACCLENNY, FL 32063		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-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.			
SIGNATURE: 		Walter D. Johns	04-17-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 904-259-8471