

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000057685

1. Entity Name
MERIT INC. OF BAKER COUNTY



**FILED
Feb 01, 2007 8:00 am
Secretary of State**

02-01-2007 90018 013 ***150.00

Principal Place of Business
5565 CHERRYTREE AVENUE
MACCLENNY, FL 32063

Mailing Address
P.O. BOX 1374
MACCLENNY, FL 32063 US

2. Principal Place of Business - No P.O. Box #
667 HAWKEYE RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MACCLENNY, FL

City & State

Zip
32063

Country
USA

Zip

Country

01072007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3199817

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, WALTER D
5565 CHERRYTREE AVE
MACCLENNY, FL 32063

Name **JOHNS, WALTER D,**
Street Address (P.O. Box Number is Not Acceptable)
667 HAWKEYE RD.

City **MACCLENNY** FL Zip Code **32063**

B. 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, 2007 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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HINSON, LARRY C
STREET ADDRESS 667 HAWKEYE RD.
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE PD
NAME JOHNS, WALTER D
STREET ADDRESS 667 HAWKEYE RD.
CITY-ST-ZIP MACCLENNY, FL 32063

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*

WALTER D. JOHNS, PRES. 01/30/2007 (904) 259-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #