## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT # P94000010953** 1. Entity Name MERGES ON THE GREEN, INC. Principal Place of Business Mailing Address 4500 28TH PL SW 4500 28TH PL SW NAPLES, FL 34116 NAPLES, FL 34116 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0467240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MERGES, THOMAS J DO NOT WRITE 4500 28TH PL SW NAPLES, FL 34116 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MERGES, THOMAS J STREET ADDRESS **4500 28TH PLACE SW** CITY-ST-ZIP NAPLES, FL 34166 TITLE NAME MERGES, SUSAN E 4500 28TH PLACE SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTO

THOMAS I. MERGES 4/27/08 (234) 348-807

**FILED**