


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90103 035 ***150.00

DOCUMENT # P94000011049 1. Entity Name MERYNKA, INC.					
Principal Place of Business 3803 54TH DR WEST 0-103 BRADENTON, FL 34210 US			Mailing Address 4800 HAMPDEN LANE #850 BETHESDA, MD 20814 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 7700 WYSCON SIN AVE Suite, Apt. #, etc. # 650 City & State Zip Country			
4. FEI Number 65-0479945		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCGUIRE AND PARRY, P.A. 1001 THIRD AVENUE WEST SUITE 600 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARY CAROLINE PIERCE P.O. BOX 158 / 248 SHOPPING AVE. SARASOTA, FL 34237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TAYLOR, J R 7700 WYSCON SIN AVENUE, SUITE 650 BETHESDA, MD 20814 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 6/2/06 Daytime Phone #: 301 664 814		

40095816





ATTACHMENT 40095816
Division of Corporations

Annual Report

Annual Report Help

Document Number

P94000011049

Business Entity Name

MERYNKA, INC.

FEI Number

650479945

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

3803 54TH DR WEST

Suite, Apt. #, etc.

0-103

City, State

BRADENTON

, FL

Zip Code & Country

34210

US

Mailing Address

Address

~~4800 HAMPDEN LANE~~

Suite, Apt. #, etc.

#850

City, State

BETHESDA

, MD

Zip Code & Country

20814

US

7700 WISCONSIN AVE
#650

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

MCGUIRE AND PARRY, P.A.

Address (PO Box is not acceptable)

1001 THIRD AVENUE WEST

Suite, Apt. #, etc.

SUITE 600

City, State

BRADENTON

, FL

Zip Code & Country

34205

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

40095816
ATTACHMENT #P94000011849

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director MARY CAROLINE PIERCE

Street Address P.O. BOX 158 / 248 SHOPPING AVE.
City, State SARASOTA , FL
Zip Code & Country 34237

Title VP
Name (Last, First, Middle, Title) TAYLOR , J , R ,

- OR -

Entity Name to serve as Officer/Director
Street Address 7700 WYSCONSIN AVENUE, SUITE 650
City, State BETHESDA , MD
Zip Code & Country 20814

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State ,
Zip Code & Country

Title

ATTACHMENT

40095816

#P94000611049

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset