

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000013634**

1. Entity Name  
**MERRITT ISLAND INVESTMENTS, INC.**



Principal Place of Business  
**2525 N. BANANA RIVER DR.  
MERRITT ISLAND, FL 32952 US**

Mailing Address  
**2525 N. BANANA RIVER DR.  
MERRITT ISLAND, FL 32952 US**



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3226048</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HEMALATA, PATEL  
2525 BANANA RIVER DRIVE  
MERRITT ISLAND, FL 32952**

**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 \_\_\_\_\_ (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	PATEL, HEMALATA A
STREET ADDRESS	1581 STAFFORD AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	PATEL, JATIN
STREET ADDRESS	2525 N BANANA RIVER DR
CITY-ST-ZIP	MERRIT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000379486  
01/10/06-80023-015 150.00

**DO NOT WRITE  
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: Hemlata Patel HEMALATA PATEL 1/5/06 321-452-6801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #