

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000040551

1. Entity Name
LORETTA L. MERCER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 11 AM 8:00

Principal Place of Business
10304 TURKEY OAK DR
NEW PORT RICHEY, FL 34654

Mailing Address
10304 TURKEY OAK DR
NEW PORT RICHEY, FL 34654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
59-3323482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACK, RAY
2515 COUNTRYSIDE BLVD
STE B
CLEARWATER, FL 34623

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Loretta L. Mercer*

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PSD
MERCER, LORETTA L
10304 TURKEY OAK DR
NEW PORT RICHEY, FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800037064498
05/25/04--01006--022 **150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Loretta L. Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

Daytime Phone #

292

April 20, 2004
Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re - Loretta L. Pierce, Inc.
See ID #59-332,3482

Enclosed is payment of 150⁰⁰ -
I am enclosing notification card
I requested that form be
sent to me VIA mail; however
I did not receive the requested
form.

Please apply payment enclosed

Sincerely,
Loretta L. Pierce