

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90305 026 ***158.75

DOCUMENT # P95000049033

1. Entity Name

MERLIN FASTENERS, INC.



Principal Place of Business

10531 SATELLITE BLVD.
ORLANDO FL 32837

Mailing Address

10531 SATELLITE BLVD.
ORLANDO FL 32837

2. Principal Place of Business

9468 AMERICAN EAGLE WAY

3. Mailing Address

SAME AS 2

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

USA

Zip

32837

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3322239

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

STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO FL 32803

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

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

Make Check Payable to Florida Department of State

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 P
NAME CAMPION, MARK
STREET ADDRESS 4573 SOUTHFIELD AVE.
CITY-ST-ZIP ORLANDO FL 32812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME CAMPION, JAN
STREET ADDRESS 4573 SOUTHFIELD AVE.
CITY-ST-ZIP ORLANDO FL 32812

TITLE
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CITY-ST-ZIP

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: *Mark Campion*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 4074385725
Date Daytime Phone #