

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000052772

1. Entity Name
MERRITT MOVING & STORAGE, INC.



Principal Place of Business
**5540 HIGHWAY AVENUE
JACKSONVILLE, FL 32254**

Mailing Address
**5540 HIGHWAY AVENUE
JACKSONVILLE, FL 32254**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3321083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERRITT, JACQUELINE
5540 HIGHWAY AVENUE
JACKSONVILLE, FL 32254**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MERRITT, JACQUELINE
STREET ADDRESS	5540 HIGHWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	MERRITT, JEFFREY R
STREET ADDRESS	5540 HIGHWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	D
NAME	MERRITT, MICHAEL S
STREET ADDRESS	5540 HIGHWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000234398

03/18/05-80020-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-05

904-783-1640