

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000062186 1. Entity Name MERDIC, INC.	
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Principal Place of Business 4800 NORTH PALAFOX ST. PENSACOLA, FL 32505	Mailing Address P.O. BOX 6038 PENSACOLA, FL 32503
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3338277	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKERSON, WILLIAM 120 SEAMARGE CIRCLE PENSACOLA, FL 32507

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D MERRILL, BURNEY H P.O. BOX 710 PENSACOLA, FL 32591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, WILLIAM 120 SEAMARGE CIRCLE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERSON, JAMES H 2830 BELLE CHRISTIAN CIRCLE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/06-80031-015 150.00

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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 another like empowered.

SIGNATURE:  2/8/06 (850) 434-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #