2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

| DOCUMENT # P95000 1. Entity Name MERDIC, INC. | | |
|---|--------------------------------------|--|
| Principal Place of Business | Mailing Address | |
| 4800 NORTH PALAFOX ST. PENSACOLA, FL 32505 | P.O. BOX 6038 PENSACOLA, FL 32503 | |



DO NOT WRITE IN THIS SPACE 01112007 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

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 Fiorida. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
|---|---|--|------------------------|--------------------------------|---------------------------|--|--|
| SIGNATURE. | | facellands (NATE Park | | | | | |
| | Signature, typed or printed name of registered agent and title | t applicable (NOTE: Regi | stered Agent signature | required when reinstating) | DATE | | |
| FILE NUMIN FEE IS STOUGU | | Election Campaign From Trust Fund Contribute | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERRILL, BURNEY H P.O. BOX 710 PENSACOLA, FL 32591 | | | | U00000605709 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DICKERSON, WILLIAM 120 SEAMARGE CIRCLE PENSACOLA, FL 32507 | | | | 01/30/07-80046-025 150.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DICKERSON, JAMES H 2830 BELLE CHRISTIAN CIRCLE PENSACOLA, FL 32503 | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | | | | | | |
| 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 | | | | | | | |

12. I hereby certify that the information supplied with this fitting 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.C. MERRILL TR

1-24-07850) 434-1001

Daytime Phone #