

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90078 038 ***150.00

DOCUMENT # P95000079808

1. Entity Name

MERCURY HOME REMODELING AND IRON WORKS INC



Principal Place of Business

6306 SE 113TH ST #B11
BELLEVIEW FL 34420

Mailing Address

6306 SE 113TH ST #B11
BELLEVIEW FL 34420

2. Principal Place of Business

6306 SE 113TH ST

3. Mailing Address

6306 SE 113TH ST

Suite, Apt. #, etc.

B11

Suite, Apt. #, etc.

B11

City & State

BELLEVIEW FL

City & State

BELLEVIEW FL

Zip

34420

Country

MARION

Zip

34420

Country

MARION

4. FEI Number

59-3339220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPARI, JACK
6306 SE 113TH ST B11
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

Name

NONE

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, 2005 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

TITLE PVP ☐ Delete
NAME LIPARI, JACK
STREET ADDRESS 450 FAIRWAYS CIRCLE A101
CITY-ST-ZIP OCALA FL 34472

TITLE D ☐ Delete
NAME ROBERTSON, ALMA
STREET ADDRESS 450 FAIRWAYS CIRCLE A101
CITY-ST-ZIP OCALA FL 34472

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Alma Robertson Vice Pres

01-26-05

352-307-1270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #