



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90298 047 \*\*\*150.00

<b>DOCUMENT # P96000010385</b> 1. Entity Name <b>MERCURY ASSOCIATES, INC.</b>					
Principal Place of Business <b>333 SUNSET AVE #309 PALM BEACH, FL 33480 US</b>			Mailing Address <b>7100-39 FAIRVIEW DRIVE BOX 160 B PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>333 Sunset Ave #309</b>			
City & State		City & State <b>Palm Beach, FL</b>			
Zip		Zip <b>33480</b>			
Country		Country		04142004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0635461</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOBLE, LINDA B 7100-39 FAIRWAY DRIVE BOX 160 B PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>333 Sunset Ave #309</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SOBLE, LINDA B 7100-39 FAIRWAY DR., BOX 160 B PALM BEACH GARDENS, FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Linda Soble 333 Sunset Ave #309 Palm Beach, FL 33480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Linda K. Soble Pres.</b>			Date: <b>4/16/04</b> Daytime Phone #: <b>561-572-0569</b>		