

2005 FOR PROFIT CORPORATION ANNUAL REPORT (ART)

8/29/2005-90146-027-\$150.00-\$150.00

DOCUMENT # P96000015554

1. Entity Name
MERTES ENTERPRISES, INC.



Principal Place of Business
**2410 SE FEDERAL HWY
STUART FL 34994**

Mailing Address
**20795 BRANDYWINE DR
FAIRVIEW PARK OH 44126**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

05 OCT -6 PM 3:00

1st MOORE CR2E034 (10/04) 05

4. FEI Number **65-0516080**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**BERNARD, EDITH
2410 SE FEDERAL HWY
STUART FL 34994**

7. Name and Address of New Registered Agent
Name
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]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MERTES, BRIGITTE 20795 BRANDYWINE DR FAIRVIEW PARK OH 44126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800060316138 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/07/05--01003--001 **408.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MERTES, RICHARD 20795 BRANDYWINE DR FAIRVIEW PARK OH 44126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brigitte Mertes* **BRIGITTE MERTES** 8-22-05 440-331-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #