2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000023219



FILED

Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90074 013 ***150.00 1. Entity Name DANIEL B. MERRITT, JR., P.A. dunza Principal Place of Business Mailing Address 224 N BROAD ST PO BOX 428 BROOKSVILLE, FL 34605 BROOKSVILLE, FL 34605-0428 2. Principal Place of Business 297 N Broad 51 3. Mailing Address Suite, Apt. #, etc. 04072006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 59-3438660 Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIEL B MERRITT JR Street Address (P.O. Box Number is Not Acceptable) 224 N. BREAD ST BROOKSVILLE, FL 34601 Zip Code City FL 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 (NO1E: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME MERRITT, DANIEL B JR NAME 10113 KIMBROUGH DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIE BROOKSVILLE, FL 34601 CITY+ST-7IP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12, I hereby certify that the information supplied with this filling 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 attack

4-1-06