


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90082 022 ***150.00

DOCUMENT # P97000083467					
1. Entity Name MERIT APPAREL COMPANY, INC.					
Principal Place of Business 1755 COMMERCE AVE VERO BEACH, FL 32960 US			Mailing Address 1755 COMMERCE AVE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1417350	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMERS, ROBERT 3845 INDIAN RIVER DRIVE VERO BEACH, FL 32963			Name <u>ROBERT HAMERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>30 HARBOUR ISLE DRIVE WEST UNIT 102</u> City <u>FT. PIERCE</u> <u>FL</u> Zip Code <u>34949</u>		
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 <u>Robert Hamers</u>		ROBERT HAMERS PRESIDENT		3/28/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMERS, ROBERT		NAME		
STREET ADDRESS	3845 INDIAN RIVER DRIVE		STREET ADDRESS	30 HARBOUR ISLE DR, WEST UNIT 102	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMERS, KAREN		NAME		
STREET ADDRESS	3845 INDIAN RIVER DRIVE		STREET ADDRESS	30 HARBOUR ISLE DR, WEST UNIT 102	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: <u>Robert Hamers</u>		ROBERT HAMERS		3/28/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				772-563-0002	
				Daytime Phone #	