


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000048911 1. Entity Name MERRICK CONSTRUCTION SERVICES, INC.	
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Principal Place of Business 10 ARTHUR DRIVE LYNN HAVEN, FL 32444	Mailing Address 10 ARTHUR DRIVE LYNN HAVEN, FL 32444
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent MCDANIEL, GRADY W 10 ARTHUR DRIVE LYNN HAVEN, FL 32444
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000470500
03/28/06-80015-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TANNEHILL, JOSEPH K SR. 3060 30 COURT PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TANNEHILL, PATRICIA S 3060 30 COURT PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCDANIEL, GRADY W 10 ARTHUR DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALLORY, TIM 10 ARTHUR DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TANNEHILL, JOSEPH K JR. 10 ARTHUR DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.W. MCDANIEL

3/13/06

Date

850-271-7820

Daytime Phone #