2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 AM Secretary of State

1. Entity Nam MERRICI	K CONST	# P98000048			Se	creta	ry of	f State		
Principal Plac 10 ARTHUR LYNN HAVEN	DRIVE		Mailing Address 10 ARTHUR DRIVE LYNN HAVEN, FL 324	44		1 / 100 110 110 110 110 110 110 110 110	15151 1871 8801 8877 881	ı Fari birb i İbila		(1881 II 1 98 1
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03022007	Chg-P	CR2E034	(12/06)	
City & Stat	е		City & State			4. FEI Numbe 65-090				plied For of Applicable
Zıp	Country		Zip	Country		5. Certificate	of Status Desired	□ \$5 Fe	3.75 Add e Require	litiona! d
	6. Name	and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Ag	ent		
MCDANIEL, GRADY W 10 ARTHUR DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
LYNN HAVEN, FL 32444										
					City			FL	Zip Cod	θ
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. Typed or printed name of registered agent and till if applicable. (NOTE: Registered Agent stopedure required when reinstating) DATE.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be ed to Fees				
10.	OFFICERS AND					, ADDITIONS/	CHANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANNEHI 3060 30 C	LL, JOSEPH K SR. OURT CITY, FL 32405	☐ Delete			•	U000 05/01/0	10072060	1 51 5-019	□ Addition 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	3060 30 C	LL, PATRICIA S OURT CITY, FL 32405	☐ Delete					Γ	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MCDANIE 10 ARTHU	L, GRADY W	□ Ociele	TITLE NAMI STRE		,		С	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALLORY 10 ARTHU LYNN HAY		⊠ Delete					С] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 ARTHU	LL, JOSEPH K JR. JR DRIVE VEN, FL 32444	☐ Delete		I] Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			□ Oelele					С] Change	Addition
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 attachment with an address, with all other like empowered.										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <