

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000012677

1. Entity Name
MARCUS MERCER, INC.



Principal Place of Business
576-B APPELYARD DRIVE
TALLAHASSEE, FL 32304

Mailing Address
9138 OLD CHEMONIE RD.
TALLAHASSEE, FL 32309

FILED

04 JUN 24 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3556401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERCER, MARCUS
9138 OLD CHEMONIE RD.
TALLAHASSEE, FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | MERCER, MARCUS. |
| STREET ADDRESS | 9138 OLD CHEMONIE RD. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | D |
| NAME | MERCER, ANGELITA |
| STREET ADDRESS | 9138 OLD CHEMONIE RD |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

600038254316
06/25/04--01001--003 **150.00

DO NOT WRITE
IN THIS SPACE

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:

Marcus Mercer

MARCUS MERCER

062704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #