

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000021251

1. Entity Name
MERRITT MANAGEMENT CORPORATION



Principal Place of Business
235 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

Mailing Address
235 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3565901

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIGGS, ROBERT A
235 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

**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 terminating)

DATE

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

000000466430
03/23/06-80008-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
COLBY, BARRETT
STREET ADDRESS
235 E. MERRITT ISLAND CSWY
CITY- ST- ZIP
MERRITT ISLAND, FL 32952

TITLE
NAME
D
GRIGGS, ROBERT A
STREET ADDRESS
235 E. MERRITT ISLAND CSWY
CITY- ST- ZIP
MERRITT ISLAND, FL 32952

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CITY- ST- ZIP

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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

3/9/06

(321) 453-0174