## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Feb 22, 2008 08:00 AM Secretary of State

DOCUMENT # P99000051996  1. Entity Name MERMAID INVESTMENTS, INC.						
Principal Place of Business	Mailing Address					
5112 REDBRIAR COURT SARASOTA, FL. 34238	8206 COPPERAS BEND CT HOUSTON, TX 77095					



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02042008 No Chg-P Applied For

4. FEI Number 65-0426152 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent WITKOWSKI, RAY SR 5112 REDBRIAR CT

SARASOTA, FL 34238

## 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 little	t applicable (NOTE, Registered	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITSURA, FRANK 8206 COPPERAS BEND CT HOUSTON, TX 77095					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WITKOWSKI, RAY SR 5112 REDBRIAR COURT SARASOTA, FL 34238				U00000834664 02/29/08-80001-013 150.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE	
THE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:

Fral Whits SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

832-251-3178