2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

1. Entity Name MERRITT PAINT & SUPPLY, INC.					Secretary of State
Principal Place	of Business	Mailing A	ddress DAVIS HWY		
	ES AL 36542		OLA FL 32503		
2. Principal Pl	ace of Business	3. Mailing	Address		
Suite, Apt.	#, etc.	Suite, A	pt. #, etc		1st MOORE
City & State	Ð	City &	State		4. FEI Number 59-3070649 Applied For Not Applied by
Zip	Country	Zip	}	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered .	Agent	Name	7. Name and Address of New Registered Agent
3870 PEN	RRITT, CHARLES D. D NORTH DAVIS HIGHWAY ISACOLA FL 32503			City	rss (P.O. Box Number is Not Acceptable) FL Zip Code
	named entity submits this statement for ions of registered agent.	or the purpos	e of changing its r	egistered office or regi	Istered agent, or both, in the State of Florida. I am familiar with, and access
SIGNATURE.	Signature, typed or printed name of registered agen	end like it applica	tia (NOTE.	Registered Agent signature rec	quired when (onstaling)
After	ILE NOWIII FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department of	0 of State			S. Election Campaign Financing \$5.00 May 5 Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MERRITT, CHARLES D. 3011 BLACKSHEAR AVE PENSACOLA FL		Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900000421945 □ Change □ A.C. 02/16/06-80057-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ A.k.iii
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	WHIE MAME STREET AODRESS GITY-S1-ZIP	☐ Change ☐ Ad. ""
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	INLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add?*
TITLE NAME STREET ADDRESS CITY-ST-TIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A.com
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
CITY-ST-ZIP 12. I hereby indicated of the co	certify that the information supplied wild on this report or supplemental report or poration or the receiver or trustee enact, or on an attachment with arreddress.	rith this filing is true and ar npowered to ess, with all of	does not qualify for courate and that n execute this reportive (like empower	or the exemptions confined signature shall have as required by Chapte	tained in Section 119, Florida Statutes. I further certify that the informat the same legal effect as if made under path; that I am an officer or directer 607, Florida Statutes; and that my name appears in Block 10 or Block

FILED

Feb 06, 2006 08:00 AM

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