2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Jan 29, 2005 08:00 AM Secretary of State **DOCUMENT # V59942** 1. Entity Name F. J. V. MERGE, INC. Principal Place of Business Mailing Address 600 N. 14TH STREET 2111 WEST JEFFERSON STREET QUINCY, FL 32351 QUINCY, FL 32351 No Chg P 01262005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3141967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HINSON, ALEXANDER L DO NOT WRITE 121 N. MADISON STREET **QUINCY, FL 32351** 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 01/29/05-80048-002 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution... Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIREC 10. P/D TITLE VICKERS, DON NAME STREET ADDRESS 102 S.E. 18T STREET HAVANA, FL 32333 CITY+ST-ZIP VP/D TITLE NAME JOHNSON, GEORGE E 2111 W JEFFERSON ST STREET ADDRESS QUINCY, FL 32351 CITY-ST-ZIP TSD TITLE FLETCHER, E. HENTZ JR. NAME STREET ADDRESS 600 N. 14TH STREET DO NOT WRITE CITY-ST-ZIP QUINCY, FL 32351 IN THIS SPACE TITLE SMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THTLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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

D MAME OF SIGNING OFFICER OR DIRECTOR

FILED