

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115008

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** MERCHANDISING PLUS, INC.

**Current Principal Place of Business:**

3508 CARDINAL POINT DR  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

3508 CARDINAL POINT DR  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 20-0277103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRITT, ARNOLD D JR.  
707 PENINSULAR PL  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, RITA T  
Address: 9033 KINGS COLONY RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete  
Name: GIELINCKI, LISA B  
Address: 6855 BELFORT OAKS PLACE  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST ( ) Delete  
Name: DUGUID, TERRY T  
Address: 9028 BAY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA T. WILLIAMS

PD

04/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date