

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115008

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

9033 KINGS COLONY ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

2220 CR 210 W. SUITE 108, BOX 306  
ST. JOHNS, FL 32259

**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:**

LAPKOVITCH, LISA  
729 E. AMERICAN EAGLE DRIVE  
SAINT AUGUSTINE, FL 32092 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

**OFFICERS AND DIRECTORS:**

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

Title: MGMR  
Name: LAPKOVITCH, LISA  
Address: 729 E. AMERICAN EAGLE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: RITA WILLIAMS

PD

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date