


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000000894

1. Entity Name
AMPERSAND MERCHANDISING INC.



Principal Place of Business 6753 THOMASVILLE RD., STE 108-151 TALLAHASSEE, FL 32312	Mailing Address 6753 THOMASVILLE RD., STE 108-151 3440 BRIAR BRANCH TR. TALLAHASSEE, FL 32312
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0636355	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCINTYRE, RONALD
3440 BRIAR BRANCH TR
TALLAHASSEE, FL

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCINTYRE, RONALD
STREET ADDRESS	3440 BRIAR BRANCH TR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	STRZOK, SUSAN
STREET ADDRESS	12005 CEDAR BLUFF TR.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	WISER, DONNA
STREET ADDRESS	9730 SHADY PINE DR.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80101-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:  **RONALD MCINTYRE** 4/13/06 (850) 933-7933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #