


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90131 031 ***150.00

DOCUMENT # P04000064205

1. Entity Name
MERCHANDISING CONTACT SOLUTIONS, INC.



Principal Place of Business Mailing Address
2552 BOTTOMRIDGE DRIVE **2552 BOTTOMRIDGE DRIVE**
ORANGE PARK, FL 32065 **ORANGE PARK, FL 32065**

40001360



2. Principal Place of Business 3. Mailing Address
1093 A1A Beach Blvd, PMB 356 **1093 A1A Beach Blvd, PMB 356**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State City & State
St. Augustine, FL **St. Augustine, FL**
 Zip Country Zip Country
32080 **32080** **32080** **32080** **32080** **32080** **32080** **32080** **32080**

4. FEI Number Applied For
65-1224201 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MAX W	
STREET ADDRESS	2552 BOTTOMRIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, CATHERINE R	
STREET ADDRESS	2552 BOTTOMRIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILLIAMS, NICOLE L	
STREET ADDRESS	2552 BOTTOMRIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Max W	
STREET ADDRESS	1093 A1A Beach Blvd, PMB 356	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Catherine R	
STREET ADDRESS	1093 A1A Beach Blvd, PMB 356	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Nicole L	
STREET ADDRESS	1093 A1A Beach Blvd, PMB 356	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: *Max Williams* 4/29/05 904 613-6390
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #