


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000064205	
1. Entity Name MERCHANDISING CONTACT SOLUTIONS, INC.	

Principal Place of Business 1093 A1A BEACH BLVD PMB 356 SAINT AUGUSTINE, FL 32080	Mailing Address 1093 A1A BEACH BLVD PMB 356 SAINT AUGUSTINE, FL 32080
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1224201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MAX W 1093 A1A BEACH BLVD, PMB 356 SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, CATHERINE R 1093 A1A BEACH BLVD, PMB 356 SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, NICOLE L 1093 A1A BEACH BLVD, PMB 356 SAINT AUGUSTINE, FL 32080
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 04/11/07-80073-005 150.00

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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: Max W. Williams MAX W. WILLIAMS 3/30/07 904 315 4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #