

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000115008

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

**Current Principal Place of Business:**

9033 KINGS COLONY ROAD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

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

**FEI Number:** 20-0277103

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title	PD	Title	MGMR
Name	WILLIAMS, RITA T	Name	LAPKOVITCH, LISA
Address	9033 KINGS COLONY RD	Address	729 E. AMERICAN EAGLE DRIVE
City-State-Zip:	JACKSONVILLE FL 32257	City-State-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:** LISA LAPKOVITCH

**OPERATIONS MANAGER** 04/12/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date