

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90003 027 ***158.75



DOCUMENT # 416202

1. Entity Name
MERCHANTS ASSOCIATION INFORMATION SERVICES DIVISION INC

Principal Place of Business Mailing Address
C/O RICHARD C. SWIRBUL PETER C/O RICHARD C. SWIRBUL PETER RODRIGUEZ, JR.
134 SOUTH TAMPA STREET JR 134 SOUTH TAMPA STREET
TAMPA, FL 33602 TAMPA, FL 33602

54017924



2. Principal Place of Business		3. Mailing Address		01092004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1448585	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RODRIGUEZ, PETER JR 134 SOUTH TAMPA STREET TAMPA, FL 33602			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 _____ 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS, FLYNN T. 134 SOUTH TAMPA STREET TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEADOR, CAROL JO 134 S TAMPA ST TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMUELEN, JOHN S 134 SOUTH TAMPA STREET TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOS, ROBERT 19321-C US HWY 19 N CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PETER JR 134 SOUTH TAMPA STREET TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRATT, MICHAEL I 200 N TAMPA ST #118 TAMPA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Peter Rodriguez, Jr.,** 3/9/04 813 273-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment
Doc. # 416202

54017924

CORPORATE OFFICES

March 9, 2004

Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

TO WHOM IT MAY CONCERN:

Please note that Mr. Richard C. Swirbul is no longer associated with this company. His name in the address for "Principal Place of Business" should be replaced with Peter Rodriguez, Jr.

Sincerely,

Carol Jo Meador
Corporate Secretary

cjm

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