

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 416202
 1. Entity Name
 MERCHANTS ASSOCIATION INFORMATION SERVICES
 DIVISION INC



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

DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1448585 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RODRIGUEZ, PETER JR
 134 SOUTH TAMPA STREET
 TAMPA, FL 33602

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

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 NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS, FLYNN T. 134 SOUTH TAMPA STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEADOR, CAROL JO 134 S TAMPA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMULLEN, JOHN S 134 SOUTH TAMPA STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLIN, HOLLY 134 SOUTH TAMPA ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PETER JR 134 SOUTH TAMPA STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, WILLIAM 134 S TAMPA STREET TAMPA, FL 33602

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 03/09/05-80028-002 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 3/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 813 273-7705
Daytime Phone #