


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

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

<b>DOCUMENT # 416202</b>	
1. Entity Name <b>MERCHANTS ASSOCIATION INFORMATION SERVICES DIVISION INC</b>	

Principal Place of Business <b>C/O PETER RODRIGUEZ, JR 134 SOUTH TAMPA STREET TAMPA, FL 33602</b>	Mailing Address <b>C/O PETER RODRIGUEZ, JR 134 SOUTH TAMPA STREET TAMPA, FL 33602</b>
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**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1448585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, PETER JR 134 SOUTH TAMPA STREET TAMPA, FL 33602</b>	
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IN THIS SPACE**

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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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

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**  
**President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/05** **813 273-7705**  
Date Daytime Phone #