



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb-09, 2006 08:00 AM
Secretary of State

DOCUMENT # 416202			
1. Entity Name MERCHANTS ASSOCIATION INFORMATION SERVICES DIVISION INC			
Principal Place of Business C/O PETER RODRIGUEZ, JR 134 SOUTH TAMPA STREET TAMPA, FL 33602	Mailing Address C/O PETER RODRIGUEZ, JR 134 SOUTH TAMPA STREET TAMPA, FL 33602		
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent RODRIGUEZ, PETER JR 134 SOUTH TAMPA STREET TAMPA, FL 33602		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1448585	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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: <u>Carol Jo Meador</u> CAROL JO MEADOR		2/3/06 813-273-7703	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	