

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 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**



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1448585**

Applied For  
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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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03/07/07-80007-016 158.75

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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:

*Carol Jo Meador*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CAROL JO MEADOR, SEC**

**2/22/07**

Date

**813-273-7703**

Daytime Phone #