


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2004 90080 006 ***158.75

DOCUMENT # 416332 1. Entity Name MERCHANTS ASSOCIATION CREDIT BUREAU, INC.					
Principal Place of Business C/O RICHARD C. SWIRBUL PETER 134 S. TAMPA STREET TAMPA, FL 33602				Mailing Address C/O RICHARD C. SWIRBUL PETER RODRIGUEZ, JR. 134 S. TAMPA STREET TAMPA, FL 33602	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 59-1447756	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, PETER 134 SOUTH TAMPA STREET TAMPA, FL 33602				7. Name and Address of New Registered Agent Name RODRIGUEZ, PETER JR. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PETER JR. 134 SOUTH 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	D KARTT, MICHAEL I. 200 N TAMPA ST #118 TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLIN, HOLLY 134 S TAMPA STREET TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMULLEN, JOHN S 134 SOUTH 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	V KRONE, ROBERT 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	D BOOS, ROBERT 19321-C US HWY 19 NORTH CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, WILLIAM 134 S TAMPA STREET TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEADOR, CAROL JO 134 S. TAMPA STREET TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Peter Rodriguez, Jr., 3/9/04 813 273-7705 <small>Date Daytime Phone #</small>		

Attachment
416332



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