2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 416332

1. Entity Name
MERCHANTS ASSOCIATION CREDIT BUREAU, INC.

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

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03012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1447756
☐ 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

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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 reinstating)

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

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03/09/05-80028-001 158.75

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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)(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: Peter Rodriguez, JR President 3/3/05 813 273-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #