

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 416332</b>                                    |  |
| 1. Entity Name<br>MERCHANTS ASSOCIATION CREDIT BUREAU, INC. |                                                                                   |

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

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03012005 No Chg-P CR2E034 (10/03)

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-1447756                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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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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 reinstating)

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

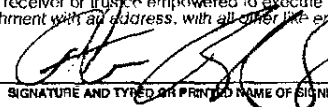
10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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03/09/05-80028-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 life employment.

**SIGNATURE:**  **Peter Rodriguez, Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/3**  
**3/3/05**  
Date

**273-7705**  
Daytime Phone #