

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 416332

1. Entity Name
MERCHANTS ASSOCIATION CREDIT BUREAU, INC.



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

Mailing Address
**C/O PETER RODRIGUEZ, JR.
134 S. TAMPA STREET
TAMPA, FL 33602**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1447756	Applied For <input type="checkbox"/> 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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PETER JR. 134 SOUTH TAMPA ST TAMPA, FL
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRONE, ROBERT 134 S. TAMPA ST TAMPA, FL
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

U000000425513
02/20/06-80001-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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 2/3/2006 813 273-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #