

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 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**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 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

U00000648393
03/07/07-80007-015 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL JO MEADOR, SEC

2/22/07 8132731703
Date Daytime Phone #