

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # J09545 1. Entity Name MERCHANTS SECURITY EXCHANGE, INC.	
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Principal Place of Business 134 SOUTH TAMPA STREET TAMPA, FL 33602-5354 US	Mailing Address 134 SOUTH TAMPA STREET TAMPA, FL 33602-5354 US
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0356700	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.

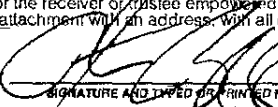
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP RODRIGUEZ, PETER JR 134 S TAMPA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOOS, ROBERT 19321-C US HWY 19 NORTH CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP KRONE, ROBERT 134 SOUTH TAMPA STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MCMULLEN, JOHN S 134 S TAMPA ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MEADOR, CAROL JO 134 S TAMPA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D TOMLIN, HOLLY 134 S. TAMPA STREET TAMPA, FL 33602

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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)(f), 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.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/9/05** Daytime Phone #: **813 273-7705**