## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L90802

Address:

City-St-Zip:

1800 BARANCAS AVE

PENSACOLA, FL 32501

Entity Name: MERCHANTS PAPER COMPANY, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1800 BARRANCAS AVE. P.O. BOX 1881 PENSACOLA, FL 32589			1800 BARRANCAS AVE. PENSACOLA, FL 32589		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1800 BARRANCAS AVE. P.O. BOX 1881 PENSACOLA, FL 32589			1800 BARRANCAS AVE. PENSACOLA, FL 32589		
FEI Number	: 59-3018836	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1301 WES	D SANDFORT BT GARDEN S DLA, FL 32501	ACCOUNTANTS PA IREET US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST () BROWN, NANC 403 B BAYSHO PENSACOLA, F	RE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () BROWN, JOSE 1800 BARRANG PENSACOLA, F	CAS AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DVP () BROWN, CHRIS	Delete STOPHER L	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: S BROWN D 01/21/2009