

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90131 031 ***150.00

DOCUMENT # P04000064205

1. Entity Name
MERCHANDISING CONTACT SOLUTIONS, INC.



Principal Place of Business
2552 BOTTOMRIDGE DRIVE
ORANGE PARK, FL 32065

Mailing Address
2552 BOTTOMRIDGE DRIVE
ORANGE PARK, FL 32065

40001360



2. Principal Place of Business

1093 AIA Beach Blvd, PMB 356

3. Mailing Address

1093 AIA Beach Blvd, PMB 356

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005

Chg-P

CR2E034 (10/03)

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

65-1224201

Applied For

Not Applicable

Zip

32080

Country

Zip

32080

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, MAX W
STREET ADDRESS 2552 BOTTOMRIDGE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Delete

TITLE V
NAME WILLIAMS, CATHERINE R
STREET ADDRESS 2552 BOTTOMRIDGE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Delete

TITLE ST
NAME WILLIAMS, NICOLE L
STREET ADDRESS 2552 BOTTOMRIDGE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME WILLIAMS, MAX W
STREET ADDRESS 1093 AIA Beach Blvd, PMB 356
CITY-ST-ZIP St. Augustine, FL 32080

TITLE V ☒ Change ☐ Addition
NAME WILLIAMS, CATHERINE R
STREET ADDRESS 1093 AIA Beach Blvd, PMB 356
CITY-ST-ZIP St. Augustine, FL 32080

TITLE ST ☒ Change ☐ Addition
NAME WILLIAMS, NICOLE L
STREET ADDRESS 1093 AIA Beach Blvd, PMB 356
CITY-ST-ZIP St. Augustine, FL 32080

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Max W Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

904 613-6390
Daytime Phone #