

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000140071**

1. Entity Name  
**MERCHANT'S CHOICE AMERICA, INC.**



Principal Place of Business  
**2515 N. WICKHAM RD.  
MELBOURNE, FL 32935 US**

Mailing Address  
**2515 N. WICKHAM RD.  
MELBOURNE, FL 32935 US**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1977729**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, THEODORE P  
4012 SNOWY EGRET DRIVE  
MELBOURNE, FL 32904**

**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  
WILLIAMS, THEODORE P  
4012 SNOWY EGRET DRIVE  
MELBOURNE, FL 32904**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
NELSON, MICHAEL R  
2888 CR 222  
WILDWOOD, FL 34785**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SICKER, AUDREY M  
815 FRANKLIN AAVE.  
VALLEY STREAM, NY 11580**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000507626  
04/27/06-80071-001 150.00

**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 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

**4-11-06**

Date

**321-242-66**

Daytime Phone #