## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90158 039 \*\*\*150.00

04/33/05 407-331-5465

Maintag Acciness   Maintag Acciness   Maintag Acciness   Size   No	DOCUMENT # V01211  1. Entity Name AUTOMATED MERCHANT SYSTEMS, INC.							04-26-2005	90158 0	39 ***15	0.00
SET   ADD   NORTH LAKE BLVD   SET   ADD	Principal Place	e of Business	Mailing Address		<u> </u>	7.					
SET 140   ALTAMONITE SPRING, FL 32701   US	•			<del>-</del>							
Suito, Apt. #. etc.	STE 140		STE 140	STE 140							
Suite, Apt. #. etc.	ALTAMONTE	SPRING, FL 32701 US	ALTAMONTE SPRING,	FL 3270	1 US					L ENGIN ƏHƏNL ENGI	1001 H 1001
City & State    City & State   City & State   City & State   City & State   Applied For F59-3099999999999999999999999999999999999	2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			04222005	Chg-P	CR2E0	34 (10/03)	
Second   S	City & State		City & State				999		1 1		
SLOAN, DANIEL LEE 1833 MISTY MORN PLACE LONGWOOD, FL 32779  8. The above named entile submiss this statement for the purpose of changing its registered agent.  Signature  The obligations of registered agent.  SIGNATURE  Specific Morning is projected agent.  Signature in the 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  SIG	Zip Country		Zip	Zip Country			5. Certificate of	Status Desired			
SLOAN, DANIEL LEE 1833 MISTY MORN PLACE LONGWOOD, FL 32779  6. The above named entity submits his 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 are displaced agent.  SIGNATURE    City   FL   Zip Code		6. Name and Address of Curre	nt Registered Agent		T		7. Name and A	ddress of New R			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name						
E. The above named entity submits has statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	1833 MIST				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	LONGITO	00,72 02770									
SIGNATURE   Signature, trived or primited name of inequatered apoint and table if acceptable in particular incursions in particular investigations of registered apoint and table if acceptable in particular investigation)   DATE					City				FL	Zip Code	9
After May 1, 2005 Fee will be \$550.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  D SLOAN, DANIEL L 1833 MISTY MORN PK LONGWOOD, FL 32779  TITLE  INTEL			t for the purpose of changing it	s register	ed office or re	register	ed agent, or both	in the State of Flo	orida. I am I	amiliar with,	and accept
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TITLE   SLOAN, DANIEL L   SINGER ADDRESS   CITY-ST-2P   CHange   Addition   STREET ADDRESS   CITY-ST-2P   CHANGE   CITY-ST-2P   CH			1								
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