


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90044 024 ***150.00

DOCUMENT # V01211			
1. Entity Name AUTOMATED MERCHANT SYSTEMS, INC.			
Principal Place of Business 600 SO NORTH LAKE BLVD STE 140 ALTAMONTE SPRING, FL 32701 US		Mailing Address 600 SO NORTH LAKE BLVD STE 140 ALTAMONTE SPRING, FL 32701 US	
2. Principal Place of Business - No P.O. Box # 600 Northlake Blvd.		3. Mailing Address 600 Northlake Blvd	
Suite, Apt. #, etc. Suite 140		Suite, Apt. #, etc. Suite 140	
City & State Altamonte Springs FL		City & State Altamonte Springs FL	
Zip 32701	Country Seminole	Zip 32701	Country Seminole
6. Name and Address of Current Registered Agent SLOAN, DANIEL LEE 1833 MISTY MORN PLACE LONGWOOD, FL 32779		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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SLOAN, DANIEL LEE 1833 MISTY MORN PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SLOAN, PATRICE 1833 MISTY MORN PLACE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		President 4/18/08 407-331-5465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40078111



04172008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3099999** Applied For Not Applicable

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