

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90079 034 ***150.00

DOCUMENT # F04000004769

1. Entity Name
ELECTRONIC PAYMENT & TRANSFER CORP



Principal Place of Business Mailing Address
224 PONTE VEDRA PARK DRIVE 224 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number 87-0715743 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRUST, STEVEN E ATTY
50 NORTH LAURA STREET, SUITE 2600
JACKSONVILLE, FL 32202-P

7. Name and Address of New Registered Agent

Name
INCORP SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
103 NORTH MERIDIAN STREET
City TALLAHASSEE FL Zip Code 32301

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 Thomas Mistky
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE 1-21-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COX, PAUL	
STREET ADDRESS	224 PONTE VEDRA PARK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SURETTE, DAVID	
STREET ADDRESS	224 PONTE VEDRA PARK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODAK, MICHAEL J	
STREET ADDRESS	224 PONTE VEDRA PARK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODAK, MICHAEL J.	
STREET ADDRESS	224 PONTE VEDRA PARK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FLORIDA 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 904-395-1119
Date Daytime Phone #