

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000093024

Entity Name: EKIOSK SOLUTIONS, INC.**Current Principal Place of Business:**3176 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**Current Mailing Address:**3176 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US**FEI Number:** 27-4264811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALKER, JAMES
3176 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	RENFROE, TIM
Address	422 SURREY DR
City-State-Zip:	GULF BREEZE FL 32561

Title	MGR
Name	COLEY, JASON
Address	6541 COSTA MESA
City-State-Zip:	PENSACOLA FL 32504

Title	VPD
Name	WALKER, JAMIE
Address	3036 RANCHETTE SQ
City-State-Zip:	GULF BREEZE FL 32563

Title	MGR
Name	PETERMAN, JASON
Address	3176 GULF BREEZE PARKWAY
City-State-Zip:	GULF BREEZE FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE WALKER

VPD

04/26/2013

Electronic Signature of Signing Officer/Director Detail_____
Date