

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000052018

**Entity Name:** CARDPAYMENT SERVICES INC.

**Current Principal Place of Business:**

304 INDIAN. TRACE  
#446  
WESTON, FL 33326

**Current Mailing Address:**

304 INDIAN. TRACE  
#446  
WESTON, FL 33326 UN

**FEI Number:** 81-2983967

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CREEGAN, JOSEPH J  
304 INDIAN. TRACE  
#446  
WESTON, FL 33326 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 P  
Name CREEGAN, JOSEPH  
Address 1200 ST. CHARLES PLACE  
City-State-Zip: PEMBROKE PINES FL 33026

*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:** JOSEPH CREEGAN

**PRESIDENT**

**01/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date