

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643250

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** COIN CURRENCY & DOCUMENT SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

12811 N. NEBRASKA AVE.  
SUITE 0  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

12811 N. NEBRASKA AVE.  
SUITE 0  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 59-1947273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSCHOW, LARRY L  
1715 E. FOWLER  
TAMPA, FL 33612 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUSCHOW, LARRY L.,  
Address: 1715 E FOWLER MB 166  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: BUSCHOW, KAREN,  
Address: 7510 KINARD RD  
City-St-Zip: PLANT CITY, FL 335653662

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: SCHNEPP, JULIE,  
Address: 4609 GALLAGHER RD  
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** LARRY L BUSCHOW

D

01/08/2008

Electronic Signature of Signing Officer or Director

Date