2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 643250

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:

SCHNEPP, JULIE A
4609 GALLAGHER
PLANT CITY, FL 33565 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: JULIE A. SCHNEPP 01/14/2009
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: O ( ) Delete
Name: SCHNEPP, JULIE,
Address: 4609 GALLAGHER RD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BUSCHOW, LARRY L.,
Address: 5540 BOB SMITH AVE.
City-St-Zip: PLANT CITY, FL 33565

Title: V (X) Change ( ) Addition
Name: BUSCHOW, KAREN,
Address: 7540 CONRAD ST.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: P (X) Change ( ) 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: JULIE A. SCHNEPP P 01/14/2009
Electronic Signature of Signing Officer or Director Date