

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003941

FILED
Apr 15, 2005
Secretary of State

Entity Name: NATIONWIDE MONEY SERVICES, INC.

Current Principal Place of Business:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 88-0310952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODAK, MICHAEL
224 PONTE VEDRA PARK DR
PONTE VEDRA BEACH, FL 32802 US

Name and Address of New Registered Agent:

INCORP SERVICES, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301 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: THOMAS MITSKY

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: SURETTE, DAVID
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: FANN, DAVID
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DPC (X) Delete
Name: DODAK, MICHAEL
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCQUAIN, GEORGE A
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ST (X) Change () Addition
Name: DODAK, MICHAEL J
Address: 224 PONTE VEDRA PARK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON JACKSON

ADM

04/15/2005

Electronic Signature of Signing Officer or Director

Date