

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000398

1. Entity Name
MONEY SERVICES, INC.



Principal Place of Business
**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499**

Mailing Address
**4333 EDGEWOOD ROAD NE
CEDAR RAPIDS, IA 52499**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1079580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DE PALMA, PATRICK
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA

TITLE DSVF
NAME VERMIE, CRAIG D
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA

TITLE TVP
NAME CLANCY, BRENDA K
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA

TITLE DSVF
NAME BEARDSWORTH, JAMES A
STREET ADDRESS 4333 EDGEWOOD RD NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE VP
NAME WAPP, MICHAEL A
STREET ADDRESS 4333 EDGEWOOD RD. NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

TITLE SVP
NAME MIEHE, STEVE
STREET ADDRESS 4333 EDGEWOOD RD. NE
CITY-ST-ZIP CEDAR RAPIDS, IA 52499

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04/18/05-80093-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2005

Date

(319) 398-8511

Daytime Phone #