

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90382 050 ***150.00

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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**

40051410



04032006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Craig D. Vermie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2006

Date

(319) 398-8511

Daytime Phone #