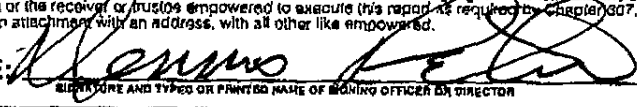


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Fil 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004325		
1. Entity Name PREFERRED MERCHANT SERVICES, INC.		
Principal Place of Business 25357 AYSEN DRIVE PUNTA GORDA, FL 33983		Mailing Address 25357 AYSEN DRIVE PUNTA GORDA, FL 33983
DO NOT WRITE IN THIS SPACE		
07012004 No Chg-P CR2E034 (10/03) 4. FEL Number 34-1910309 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WISE, DIANE L 25357 AYSEN DRIVE PUNTA GORDA, FL 33983		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 the filer if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS WISE, DIANE L 25357 AYSEN DRIVE PUNTA GORDA, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETROVIC, DENNIS 25357 AYSEN DRIVE PUNTA GORDA, FL 33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE 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)(f), Florida Statutes. I further certify that no 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		7-5-04 9416230249 Date Daytime Phone #

U00000164329
07/08/04-80004-014 150.00