

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90301 001 \*\*\*300.00

**DOCUMENT # F96000006032**

1. Entity Name  
**NEOMEDIA TECHNOLOGIES, INC.**



Principal Place of Business  
**2201 SECOND ST  
STE 402  
FT MYERS, FL 33901 US**

Mailing Address  
**2201 SECOND ST  
STE 402  
FT MYERS, FL 33901 US**

**66003520**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**36-3680347**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, CHARLES T  
2201 SECOND ST  
STE 402  
FT MYERS, FL 33901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 ☐ Delete  
NAME **PMD**  
STREET ADDRESS **JENSEN, CHARLES**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FT. MYERS, FL 33901**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **DODGE, DAVID**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **FRITZ, WILLIAM E**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FRITZ, CHARLES W**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KEIL, JAMES S**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BARCLAY, A. HAYES**  
CITY-ST-ZIP **2201 SECOND STREET STE 402  
FORT MYERS, FL 33901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **SAME**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #