


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000050275 1. Entity Name FLEETCARD SYSTEMS, INC.	
--	---

Principal Place of Business 606 NORTH MAGNOLIA AVENUE OCALA, FL 34475	Mailing Address P.O BOX 849 OCALA, FL 34478-0849
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3647896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLARDY, JOHN S JR. 606 NORTH MAGNOLIA AVENUE OCALA, FL 34475
---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARDY, JOHN S JR. 606 NORTH MAGNOLIA AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, JAMES A 931 NORTH S.R. 434 #1201 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, DENNIS K 2655 SIMS ROAD SHELBYVILLE, TN 37160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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: <u>John S. Clardy Jr</u> <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>4/28/06</u> <small>Date</small>
Daytime Phone # <u>352-622-7141</u> <small>Daytime Phone #</small>