

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082142

**FILED**  
**Apr 07, 2004**  
**Secretary of State**

**Entity Name:** LEXICOM DEBIT COMMUNICATION CORPORATION

**Current Principal Place of Business:**

719 S SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

5303 EAST CLONIAL DR. SUITE C  
ORLANDO, FL 32807

**Current Mailing Address:**

719 S SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

5303 EAST COLONIAL DR. SUITE C  
ORLANDO, FL 32807

**FEI Number:** 59-3672584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEMOINE, ADOLFO G  
2614 REGENCY OAK LANE  
ORLANDO, FL 32833 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEMOINE, ADOLFO G  
Address: 2614 REGENCY OAK LANE  
City-St-Zip: ORLANDO, FL 32833

Title: V ( ) Delete  
Name: LEMOINE, SORAYA  
Address: 2614 REGENCY OAK LANE  
City-St-Zip: ORLANDO, FL 32833

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADOLFO G. LEMOINE

P

04/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date