2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000085833

1. Entity Name KWIK KASH ATM INC.

FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business

1090 CAMELOT CIRCLE NAPLES, FL 34119 Mailing Address

1090 CAMELOT CIRCLE NAPLES, FL 34119



DO NOT WRITE IN THIS SPACE

| | |
|---------------|-----------------|
| 4. FEI Number | Applied For |
| 59-3668922 | Not Applicable |

5. Certificate of Status Desired Security Securi

5. Name and Address of Current Registered Agent

HEILAND, DERRILL 1090 CAMELOT CIRCLE NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

| , | | | | IN | I HIS SPACE | |
|--|---|--|---|---|---|--|
| 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 for | applicable. (NOTE: Registered | Agent signature | required when rematating) | DATE | |
| | E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00 | Election Campaign Finan- Trust Fund Contribution. | cing 🔲 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE MAARE STREET ADDRESS CITY-ST-ZIP | CEO HEILAND, DERRILL 1090 CAMELOT CIRCLE NAPLES, FL 34119 | | | | | |
| TITLE | PRES | | | | | |
| NAME | MAYER, LYNN | | | | a transfer and an analysis of the contract of | |
| STREET ADDRESS | | | | | U00000002629 | |
| CTY-ST-ZP | BARASOTA, FL 34238 | <u> </u> | | | 01/13/04-80022-003 150.00 | |
| TITLE NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE | | | | 18.1 | THE ODIOE | |
| NAME | | | | 11/4 | THIS SPACE | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | • | |
| TIRLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| TITLE | | | | | | |
| NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | |
| 12. I hereby of indicated of the corchanged, | certily that the information supplied with this fit on this report or supplemental report is true a poration or line receiver or trusfee empowered or on an attachment with an address with all | ing does not qualify for the exer nd accurate and that my signat to execute this report as requir other like empowered. | nption state are shall haved by Chap | d in Section 119.07(3) he the same legal effe ter 607, Florida Statut | (f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if | |

HEILAND CEO

CEO DERKILL HEILA