

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000089680

Entity Name: KIOSKPROS, INC.

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4662 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

4662 COMMERCIAL WAY  
SPRING HILL, FL 34606

**New Mailing Address:**

FEI Number: 59-3679425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RYMAN, MAURICE  
4662 COMMERCIAL WAY  
SPRING HILL, FL 34606 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RYMAN, MAURICE  
Address: 4662 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 346006

Title: VICE  
Name: RYMAN, CHRISTINA  
Address: 4662 COMMERCIAL WAY  
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: MAURICE RYMAN

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date