## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095687

**Entity Name:** BANKCARD CONCEPTS, INC.

FILED Apr 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

118 WASHINGTON STREET 6428 LAKE WORTH RD

#14 #607

HOLLISTON, MA 01746 LAKE WORTH, FL 33463 US

**Current Mailing Address: New Mailing Address:** 

197 M BOSTON POST ROAD WEST #173 MARLBORO, MA 01752

FEI Number: 65-1073297 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BESSON, ADAM O'CONNELL JR, JOHN 6428 LAKE WORTH RD. #607 20283 STATE RD 7 #400 US LAKE WORTH, FL 33463 BOCA RATON, FL 33498

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: JOHN O'CONNELL 04/06/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

O'CONNELL, JOHN O'CONNELL, JOHN Name: Name:

118 WASHINGTON STREET #14 197M BOSTON POST RD WEST,#173 Address: Address:

City-St-Zip: HOLLISTON, MA 01746 City-St-Zip: MARLBOROUGH, MA 01752

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: JOHN O'CONNELL **PRES** 04/06/2005