



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000118032 1. Entity Name TELEMERCHANT SERVICES, INC.	
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Principal Place of Business 4231 WALNUT BEND #5 JACKSONVILLE, FL 32257	Mailing Address 4231 WALNUT BEND #5 JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE

	
02242004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3696313	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 ROWLAND, FREDDIE 4231 WALNUT BEND STE 5 JACKSONVILLE, FL 32257
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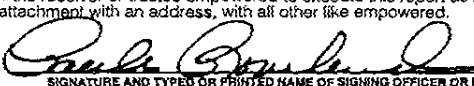
DO NOT WRITE IN THIS SPACE

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 if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLAND, FREDDIE 4231 WALNUT BEND #3 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLAND, PAULA 4231 WALNUT BEND #3 JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000084789 03/11/04-80021-022 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/5/04 904-260-6211 <small>Date Daytime Phone #</small> 525-405