

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000047162

1. Entity Name
PROCESSING SYSTEMS, INC.



Principal Place of Business
6261 SERENE RUN
LAKE WORTH, FL 33467

Mailing Address
PO BOX 24668
JACKSONVILLE, FL 32244-4668

2. Principal Place of Business
4631 10th Avenue N.

3. Mailing Address
4631 10th Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33463

Country
USA

Zip
33463

Country
USA

04052004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1103333	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, M.A.
3617 CROWN POINT RD
STE 2
JACKSONVILLE, FL 32257

Name
Angela DeFeo

Street Address (P.O. Box Number is Not Acceptable)

4631 10th Avenue N.

City
Lake Worth FL Zip Code
33463

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

Signature, typed or printed name of registered agent and title if applicable.

4/12/04

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
DEFEO, ANGELA
6261 SERENE RUN
LAKE WORTH, FL 33467

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
DeFeo, Angela
4631 10th Avenue N.
Lake Worth, FL 33463

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Signature and Typed or Printed Name of Signing Officer or Director

04/12/04 561-433-9275
Date Daytime Phone #