

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90113 035 ***150.00

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SEC. STATE
TALLAHASSEE, FLORIDA



08082005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000047995					
1. Entity Name INTERNATIONAL PAYMASTER SYSTEMS, INC.					
Principal Place of Business 17757 US HWY 19 NORTH 470 CLEARWATER, FL 33764 US			Mailing Address 17757 US HWY 19 NORTH 470 CLEARWATER, FL 33764 US		
2. Principal Place of Business 4377 Commercial Way Suite, Apt. #, etc. #108		3. Mailing Address 4377 Commercial Way Suite, Apt. #, etc. #108			
City & State SPRING HILL, FL		City & State SPRING HILL, FL			
Zip 34606	Country HERNANDO	Zip 34606	Country HERNANDO	4. FEI Number 59-3724516	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, DEBRA K 17757 US HWY 19 NORTH #470 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name: ADDRESS CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable) 13225 S. Southpoint Ave. City: FLORAL CITY FL Zip Code: 34436		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DID NOT RECEIVE NOTIFICATION	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARBEE, P.M. 17757 US HWY 19 NORTH CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4377 Commercial Way #108 SPRING HILL FL 34606	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, KIM C 17757 US HWY 19 NORTH CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4377 Commercial Way #108 SPRING HILL FL 34606	☒ Change ☐ Addition
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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:			6/8/05 352-279-1844		