2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State
09-13-2004 90010 028 ***150.00

DOCUMENT # P01000050022

1. Entity Name
TURNKEY MERCHANT SERVICES, INC.

Principal Place of Business	Mailing Address
37560 US HWY 19 N PALM HARBOR, FL 34684 US	37560 US HWY 19 N PALM HARBOR, FL 34684 US

09082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2957 Shannon Cir	2957 Shannon Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State: Palm Harbor FL
Zip: 34684 Country: USA	Zip: 34684 Country: USA

4. FEI Number: 59-3719689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWELL, KATHLEEN M 2864 HONEY BEAR CT PALM HARBOR, FL 34684	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GILLARD, JASON W STREET ADDRESS: 2864 HONEY BEAR CT CITY-ST-ZIP: PALM HARBOR, FL 34684	☐ Delete	TITLE: P NAME: Gillard Jason W STREET ADDRESS: 2957 Shannon Cir CITY-ST-ZIP: Palm Harbor FL 34684	☒ Change ☐ Addition
TITLE: VP NAME: POWELL, KATHLEEN M STREET ADDRESS: 2864 HONEY BEAR CT CITY-ST-ZIP: PALM HARBOR, FL 34684	☐ Delete	TITLE: VP NAME: Powell Kathleen M STREET ADDRESS: 2957 Shannon Cir CITY-ST-ZIP: PALM Harbor FL 34684	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Jason W Gillard 09/06/04 727 812 1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #