

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090151

FILED
Mar 28, 2004
Secretary of State

Entity Name: THE PAYMENT CENTER, INC.

Current Principal Place of Business:

10013-N FLA AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P.O BOX 17787
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-3744866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKSON, PARNELL
1646 WALLACE ROAD
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKINSON, PARNELL
Address: 1646 WALLACE ROAD
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: JONES, ARTHUR T
Address: 6433 RENWICK CIR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DICKINSON, PARNELL
Address: 1646 WALLACE ROAD
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Change () Addition
Name: JONES, ARTHUR T
Address: P.O. BOX 17787
City-St-Zip: TAMPA, FL 33682

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: PARNELL DICKINSON

P

03/28/2004

Electronic Signature of Signing Officer or Director

Date