

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018233

FILED
May 07, 2008
Secretary of State

Entity Name: TRICOMM MERCHANT SERVICES, INC.

Current Principal Place of Business:

1613 SANDPIPER TRAIL E
CASSELBERRY, FL 32707

New Principal Place of Business:

255 E. PANAMA RD.
WINTER SPRINGS, FL 32708

Current Mailing Address:

1613 SANDPIPER TRAIL E
CASSELBERRY, FL 32707

New Mailing Address:

255 E. PANAMA RD.
WINTER SPRINGS, FL 32708

FEI Number: 80-0037124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VON DER HEYDE, TIMOTHY
1613 SANDPIPER TRAIL E
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

VON DER HEYDE, TIMOTHY
255 E. PANAMA RD.
WINTER SPRINGS, FL 32708 US

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:

05/07/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VON DER HEYDE, TIMOTHY
Address: 1613 SANDPIPER TRAIL EAST
City-St-Zip: CASSELBERRY, FL 32707

Title: VSD () Delete
Name: KLEFSTAD, KAREN
Address: 10198 HICKORY RIDGE DR
City-St-Zip: ROCHELLE, IL 61068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: VON DER HEYDE, TIMOTHY
Address: 255 E. PANAMA RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY N. VON DER HEYDE

PRES

05/07/2008

Electronic Signature of Signing Officer or Director

Date