

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019193

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** INTERNATIONAL I.T. & POINT OF SALE CORPORATION

**Current Principal Place of Business:**

202 SOUTH ROME AVE.,SUITE 100  
TAMPA, FL 33606

**New Principal Place of Business:**

1911 US HWY301 NORTH  
400  
TAMPA, FL 33619

**Current Mailing Address:**

202 SOUTH ROME AVE.,SUITE 100  
TAMPA, FL 33606

**New Mailing Address:**

1911 US HWY301 NORTH  
400  
TAMPA, FL 33619

**FEI Number:** 14-1871417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOSTER, MATTHEW J ESQ.  
202 SOUTH ROME AVE.,SUITE 100  
TAMPA, FL 33606

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: POLLNER, JASON B  
Address: 1417 COMPTON STREET  
City-St-Zip: BRANDON, FL 33511

Title: VPRES ( ) Change (X) Addition  
Name: CARAS, JASON  
Address: 5000 CULBREATH KEY WAY  
City-St-Zip: TAMPA, FL 33611

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: JASON B.POLLNER

PRES

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date