

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031258

FILED
Apr 19, 2004
Secretary of State

Entity Name: PAY CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE DRIVE STE 6
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

5000 SAWGRASS VILLAGE DRIVE
SUITE 6
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5000 SAWGRASS VILLAGE DRIVE STE 6
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

5000 SAWGRASS VILLAGE DRIVE
SUITE 6
PONTE VEDRA BEACH, FL 32082

FEI Number: 01-0784382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES A. NOLAN, P.A.
1917 WOODMERE DRIVE
JACKSONVILLE, FL 32210 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MARSHALL, DOUGLAS
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 6
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DOUGLAS MARSHALL

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04/19/2004

Electronic Signature of Signing Officer or Director

Date