


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90014 025 \*\*\*150.00

<b>DOCUMENT # P03000054638</b>	
1. Entity Name EPAY SYSTEMS, INCORPORATED	

Principal Place of Business 427 N. MAGNOLIA AVENUE 103 ORLANDO, FL 32801	Mailing Address 427 N. MAGNOLIA AVENUE 103 ORLANDO, FL 32801
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40101000



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0553055	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  KAISER, KARL J 427 N. MAGNOLIA AVENUE 103 ORLANDO, FL 32801
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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 *Karl J Kaiser* DATE 4/24/08  
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  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DERON RUSSELL</del> <del>427 N. MAGNOLIA AVENUE, #103</del> <del>ORLANDO, FL 32801</del> Removed
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, D KAISER, KARL J 427 N. MAGNOLIA AVENUE, #103 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D YAWMAN, GREGG M 427 N. MAGNOLIA AVENUE, #103 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karl J Kaiser* DATE 4/24/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR