


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000071597</b>	
1. Entity Name FPS MERCHANT SERVICES, INC.	

Principal Place of Business 6001 NW 153 STE 158 MIAMI LAKES, FL 33014	Mailing Address 6001 NW 153 STE 158 MIAMI LAKES, FL 33014
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**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

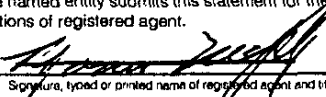
4. FEI Number 56-2369661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCKINLEY, TOM  
6001 NW 153 STE 158  
MIAMI LAKES, FL 33014

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4/18/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MCKINLEY, TOM 6001 NW 153 STE 158 MIAMI LAKE, FL 33014
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HERSH, BOB 6001 NW 153 STE 158 MIAMI LAKES, FL 33014
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

1000000727191  
05/04/07-80037-013 150.00

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:  4-19-07 305-823-7411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #