## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000125071

Entity Name: MERCHANT SYSTEMS INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

232 SW PAAR DR. 5200 E. CLUB CIRCLE

PORT SAINT LUCIE, FL 34953

BOCA RATON, FL 33468

Current Mailing Address: New Mailing Address:

232 SW PAAR DR. 5200 E. CLUB CIRCLE

PORT SAINT LUCIE, FL 34953 102 BOCA RATON, FL 33468

FEI Number: 03-0380522 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEHMAN, JESSICA M
232 SW PAAR DR.
LEHMAN, JOHN M
5200 E. CLUB CIRCLE

PORT SAINT LUCIE, FL 34953 US 102 BOCA RATON, FL 33468 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: JOHN LEHMAN 04/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEHMAN, JESSICA M
 Name:
 LEHMAN, JESSICA M

 Address:
 232 SW PAAR DR.
 Address:
 232 SW PAAR DR.

City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Delete Title: P ( ) Change (X) Addition

 Name:
 Name:
 LEHMAN, JOHN M

 Address:
 5200 E. CLUB CIRCLE. #102

Address: Address: 5200 E. CLUB CIRCLE, #102
City-St-Zip: City-St-Zip: BOCA RATON, FL 33468

Title: ( ) Delete Title: T ( ) Change (X) Addition

 Name:
 LEHMAN, SUZANNE P

 Address:
 Address:
 5200 E. CLUB CIRCLE, #102

 City-St-Zip:
 City-St-Zip:
 BOCA RATON, FL 33468

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: JOHN. M. LEHMAN PRES 04/05/2004