


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90031 013 ***150.00

DOCUMENT # P03000153671 1. Entity Name NETBANK PAYMENT SYSTEMS, INC.					
Principal Place of Business 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206			Mailing Address 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7215 Financial Way Legal Dept. City & State Jacksonville, FL			
City & State		City & State Jacksonville, FL		4. FEI Number 64-0855235	
Zip 32256		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O <input type="checkbox"/> Delete ROSS, WILLIAM M 9710 TWO NOTCH RD COLUMBIA, SC 29223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ross, William M. 7215 Financial Way, Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O <input type="checkbox"/> Delete HERBERT, STEVEN F 9710 TWO NOTCH RD COLUMBIA, SC 29223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Herbert, Steven F. 9710 Two Notch Road Columbia, SC 29223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O <input type="checkbox"/> Delete GLENN, TOMMY L JR 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glenn, Tommy L Jr. 200 Briarwood West Drive Jackson, MS 39206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete MAPSON, CHARLES E 9710 TWO NOTCH RD COLUMBIA, SC 29223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mapson, Charles E. 7215 Financial Way Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete JOURDAIN, BETH 9710 TWO NOTCH RD COLUMBIA, SC 29223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Poitras, Louise 7215 Financial Way Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input type="checkbox"/> Delete CHATHAM, LLOYD 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chatham, Lloyd 200 Briarwood West Drive Jackson, MS 39206	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, 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: Louise Poitras			1-24-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		