


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90005 010 ***150.00

DOCUMENT # P03000153671					
1. Entity Name NETBANK PAYMENT SYSTEMS, INC.					
Principal Place of Business 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206			Mailing Address 7215 FINANCIAL WAY LEGAL DEPT JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4901 Belfort Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 160			
City & State		City & State Jacksonville, FL 32256			
Zip	Country	Zip	Country	4. FEI Number 64-0855235	
32256	Duval	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	EVP ROSS, WILLIAM M 7215 FINANCIAL WAY JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition De Lone Wilson 200 Briarwood West Drive Jackson, Mississippi 39206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORBERT, STEVEN F 9710 TWO NOTCH RD. COLUMBIA, SC 29223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven F. Herbert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLENN, TOMMY L JR 200 BRIARWOOD WEST DRIVE JACKSON, MS 32906	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James P. Gross 9710 Two Notch Road Columbia, SC 29223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MAPSON, CHARLES E 9710 TWO NOTCH RD COLUMBIA, SC 29223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles E. Mapson 4901 Belfort Road, Suite 160 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS POITRAS, LOUISE 7215 FINANCIAL WAY JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laura W. Austin 4901 Belfort Road, Suite 160 Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CHATHAM, LLOYD 200 BRIARWOOD WEST DRIVE JACKSON, MS 39206	<input type="checkbox"/> Delete			
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: <u>Laura W. Austin</u>			4/23/2007 904-251-6420		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Date/Time Phone #		

Laura W. Austin, Assistant Secretary