



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90089 035 \*\*\*150.00

<b>DOCUMENT # P05000163354</b> 1. Entity Name <b>BURROUGHS MERCHANT SERVICES, INC.</b>			
Principal Place of Business <b>1891 CAPITAL CIRCLE N.E. SUITE 2 TALLAHASSEE, FL 32308</b>		Mailing Address <b>1891 CAPITAL CIRCLE N.E. SUITE 2 TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>P.O. Box 16374</b> <b>Tallahassee</b> <b>Florida</b> Zip      Country <b>32317      USA</b>	
			
		01082008      Chg-P      CR2E034 (12/06)	
		4. FEI Number <b>20-3492818</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURROUGHS, RENEE D 2413 SILVER PALM LANE TALLAHASSEE, FL 32309</b>		7. Name and Address of New Registered Agent Name <b>Renee D. Burroughs</b> Street Address (P.O. Box Number is Not Acceptable) <b>2406 Cherry Grove Lane</b> <b>Tallahassee</b> City <b>FL</b> Zip Code <b>32303</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P	TITLE	
NAME	BURROUGHS, JAN S	NAME	
STREET ADDRESS	1016 CORBY COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BURROUGHS, DIANNAH G	NAME	
STREET ADDRESS	1016 CORBY COURT	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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><i>Jan S. Burroughs</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/25/08</u> Daytime Phone # <u>850-402-1192</u>	