

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000049137

Entity Name: TSPAY INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

200 PENSACOLA BEACH BLVD.  
SUITE E7  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

97 SHORELINE DR  
GULF BREEZE, FL 32561

**New Mailing Address:**

FEI Number: 27-0301732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAN CAMP, WILLIAM F  
97 SHORELINE DRIVE  
GULF BREEZE, FL 32561 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VAN CAMP, WILLIAM F  
Address: 97 SHORELINE DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: TD  
Name: GODIN, JASON C  
Address: 97 SHORELINE DR  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM F. VAN CAMP

PRES

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date