

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093024

Entity Name: EKIOSK SOLUTIONS, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

55 SOUTH A STREET  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 SOUTH A STREET  
PENSACOLA, FL 32502 US

**New Mailing Address:**

FEI Number: 27-4264811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, JAMES  
3036 RANCHETTE SQ  
GULF BREEZE, FL 32563 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: RENFROE, TIM  
Address: 422 SURREY DR  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: VPD  
Name: WALKER, JAMIE  
Address: 3036 RANCHETTE SQ  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: STD  
Name: COLEY, JASON  
Address: 6541 COSTA MESA  
City-St-Zip: PENSACOLA, FL 32504 US

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: JAMES PAUL WALKER

VPD

04/26/2012

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

\_\_\_\_\_  
Date