


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90196 050 \*\*\*150.00

<b>DOCUMENT # P94000018720</b> 1. Entity Name <b>TRANSACTION SERVICES, INC.</b>					
Principal Place of Business <b>5201 W. KENNEDY BLVD. SUITE 915 TAMPA, FL 33609</b>			Mailing Address <b>5201 W. KENNEDY BLVD. SUITE 915 TAMPA, FL 33609</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3237209</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEBARBA, EDMUND A 5201 W. KENNEDY BLVD. SUITE 915 TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name <b>Karin DeNisco</b> Street Address (P.O. Box Number is Not Acceptable) <b>5201 W. Kennedy Blvd.</b> <b>Suite 915</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</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 <u><i>Karin DeNisco, Assistant Treasurer &amp; Secretary</i></u> <b>2/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST DENISCO, KARIN 5201 W KENNEDY BLVD, SUITE 915 TAMPA, FL 33909</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COLLINS, LEROY JR. 5201 W KENNEDY BLVD, SUITE 915 TAMPA, FL 33609</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD DEBARBA, EDMUND A 5201 W KENNEDY BLVD, SUITE 915 TAMPA, FL 33609</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARCOUS, NEIL 62 EGBERT STREET BAYHEAD, NJ 08742</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OS ROBERSON, BRUCE ESQ 100 N TAMPA ST STE 4100 TAMPA, FL 33602</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WEBER, DAVID O 5201 W KENNEDY BLVD, SUITE 915 TAMPA, FL 33609</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRODA, JOHN 416 Rockaway St. Boonton, NJ 07005</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ficarra, Anthony 601 S. Lake Destiny Rd., Ste. 300 Maitland, FL 32751</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 <del>all other like empowered</del> .					
SIGNATURE: <u><i>DAVID WEBER</i></u> <b>2-18-2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>813-739-2367</b> <small>Daytime Phone #</small>	