

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000081998

FILED
Jan 06, 2005
Secretary of State

Entity Name: FLORIDA ELECTRONIC INTERCHANGE CORPORATION

Current Principal Place of Business:

3626 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Principal Place of Business:

6195 DELTONA BLVD
SPRING HILL, FL 34606 US

Current Mailing Address:

3626 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Mailing Address:

6195 DELTONA BLVD
SPRING HILL, FL 34606 US

FEI Number: 65-0559832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, GARY
3626 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

COATES, GARY
6195 DELTONA BLVD
SPRING HILL, FL 34606 US

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:

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COATES, DEBORA
Address: 3256 ABERYLS STREET
City-St-Zip: SPRING HILL, FL 34606 US

Title: TD () Delete
Name: COATES, GARY
Address: 3256 ABERYLS STREET
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COATES, DEBORA L
Address: 3256 ABERYLS STREET
City-St-Zip: SPRING HILL, FL 34606 US

Title: TD (X) Change () Addition
Name: COATES, GARY L
Address: 3256 ABERYLS STREET
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY L COATES

TD

01/06/2005

Electronic Signature of Signing Officer or Director

Date