

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90034 008 \*\*\*150.00

**DOCUMENT # P96000064538**

1. Entity Name

**MERCHANT SERVICES INTERNATIONAL INC.**



Principal Place of Business

**MERCHANT SERVICES INTERNATIONAL  
2189 CLEVELAND STREET SUITE 257  
CLEARWATER FL 33765**

Mailing Address

**MERCHANT SERVICES INTERNATIONAL  
2189 CLEVELAND STREET SUITE 257  
CLEARWATER FL 33765**

**54002943**



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

*Same*

3. Mailing Address

Suite, Apt. #, etc.

*Same*

City & State

City & State

Zip

Country

*Pinellas*

Zip

Country

*Pinellas*

4. FEI Number

**59-3413376**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, BARBARA  
2189 CLEVELAND ST., SUITE 257  
CLEARWATER FL 34625**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEVINE, BARBARA  
STREET ADDRESS 2189 CLEVELAND ST., SUITE 257  
CITY-ST-ZIP CLEARWATER FL 34625

TITLE VPD ☐ Delete  
NAME ANASTASAKIS, LUKE  
STREET ADDRESS 2189 CLEVELAND ST., SUITE 257  
CITY-ST-ZIP CLEARWATER FL 34625

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Barbara Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/04*  
Date

*727-447-1717*  
Daytime Phone #