

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90060 022 ***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**

50009728



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

**2189 Cleveland St
Suite, Apt. #, etc.
SU 257**

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

33765

Country

Pinellas

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2005 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
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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
Barbara Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

727-447-1217

Daytime Phone #