


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90358 028 \*\*\*150.00

<b>DOCUMENT # P96000089917</b> 1. Entity Name <b>CU SHARED ATM SERVICES, INC.</b>					
Principal Place of Business <b>3695 N. "L" STREET PENSACOLA, FL 32505</b>			Mailing Address <b>3695 N. "L" STREET PENSACOLA, FL 32505</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3409459</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>WERNICKE, PATRICIA L 3695 N. "L" STREET PENSACOLA, FL 32505</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <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, 2006 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHETTEPLACE, VONDA 308 N. SPRING ST PENSACOLA, FL 32501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S UPCHURCH, ALLEN 480 HIGHWAY 29 S. CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOHN 1495 E. NINE MILE RD PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, CARYL 64 SOUTH REUS STREET PENSACOLA, FL 32502	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRIDGEN, PHIL 5909 N. STEWART ST MILTON, FL 32570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WERNICKLE, PATRICIA 3695 NORTH L ST PENSACOLA, FL 32505	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Wernicke, Patricia				
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 all other like empowered.					
SIGNATURE: <i>Lucy Hemmy, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span>4/26/06</span> <span>880 4329939</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>					

# ATTACHMENT

Cu Shared ATM Services, Inc.  
2005 For Profit Corporation Annual Report  
Docmuent # P96000089917  
Continuation of Officers and Directors

40073647

V  
Chris Rutledge  
220 East Nine Mile Road  
Pensacola, Florida 32534

T  
Lucy Hemming  
108 South Reus Street  
Pensacola, Florida 32502

D  
Carolyn Dwelle  
6200 North "W" Street  
Pensacola, Floirda 32502