

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90348 005 ***150.00

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1. Entity Name
ASSOCIATED BANKCARD SERVICES, INC.



Principal Place of Business
**4410 SE 16TH PLACE
SUITE 2
CAPE CORAL, FL 33904 US**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744 US**

60029072



2. Principal Place of Business
**3100 Del Prado Blvd.
Suite, Apt. #, etc.
Unit 3-3**

3. Mailing Address
Suite, Apt. #, etc.

02182006 Chg-P CR2E034 (11/05)

City & State
Cape Coral, FL

City & State

4. FEI Number
59-3445568

Applied For
Not Applicable

Zip
33904

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE GOOIJER, BERT
4410 SE 16TH PLACE
SUITE 2
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name
Bert De Gooyer
Street Address (P.O. Box Number is Not Acceptable)
**3100 Del Prado Blvd.
Unit 3-3**
City
Cape Coral **FL** Zip Code
33904

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSDT
DE GOOIJER, BERT
4410 SE 16TH PLACE, SUITE 2
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Bert De Gooyer
3100 Del Prado Blvd. Unit 3-3
Cape Coral, FL 33904** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06
Date

237-5418100
Daytime Phone #