## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 14, 2005 8:00 am **DOCUMENT # P99000009108 Secretary of State** EFT INTEGRATION, INC. 01-14-2005 90001 047 \*\*\*150.00 Principal Place of Business Mailing Address <u>224 pon</u>tę vedra Park Dr 224 PONTE VEDRA PARK DR **სიიისიგე**ე SUITE 300 SUITE 300> POINTB VEDRA, FL 32082 POINTE VEDRA, FL 32082 2. Principal Place of Business 24 PONTE VEDRA PARK 3. Mailing Address 224 PONTE VEDRA Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For ONTE VENCA 59-3553645 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INCORP SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 103 NORTH MERIDIAN ST TALLAHASSEE, FL 32301 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE □ Delete TITLE ☐ Change ☐ Addition NAME MCQUAIN, GEORGE NAME 224 PONTE VEDRA PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP ST TITLE ☐ Delete Change ☐ Addition DODAK, MICHAEL DODAK, MICHAEL J NAME NAME 224 POINTEVENZA 224 PONTE VEDRA PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POINTE YEDRA, FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED