

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000033547

1. Entity Name
PAYTECH, INC.



FILED

04 APR 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3001 W TENNESSEE ST TALLAHASSEE, FL 32304 US	Mailing Address PO BOX 20438 TALLAHASSEE, FL 32316 US
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2. Principal Place of Business 1311 Jackson Blvd Red Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State
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Zip 32304	Country USA	Zip	Country
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04282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3583620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANAUSA, DANIEL E
3520 THOMASVILLE RD., 4TH FLOOR
TALLAHASSEE, FL 32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS													
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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: *John H. [Signature]* 4/28/04 850-222-9176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #