



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90082 050 \*\*\*150.00

<b>DOCUMENT # P99000038059</b>							
<b>1. Entity Name</b> <b>ELECTRONIC TRANSACTION CORPORATION</b>							
<b>Principal Place of Business</b> <b>104 FOXWOOD DR.</b> <b>BRANDON, FL 33510</b>			<b>Mailing Address</b> <b>104 FOXWOOD DR.</b> <b>BRANDON, FL 33510</b>				
<b>2. Principal Place of Business</b> <b>2602 E. Busch Blvd.</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Tampa, FL</b> Zip <b>33612</b>		<b>3. Mailing Address</b> <b>2602 E. Busch Blvd.</b> Suite, Apt. #, etc. <b>Suite C</b> City & State <b>Tampa FL</b> Zip <b>33612</b>					
04052005      Chg-P      CR2E034 (10/03)		<b>4. FEI Number</b> <b>59-3580484</b>		Applied For Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  <b>SAXON, PAUL E</b> <b>104 FOXWOOD DR.</b> <b>BRANDON, FL 33510</b>			<b>7. Name and Address of New Registered Agent</b>  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>				
<b>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.</b>  SIGNATURE: <u><i>Paul Saxon</i></u> <b>PAUL SAXON</b> <u>4/8/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, P, S</b> <b>SAXON, PAUL E</b> <b>104 FOXWOOD DR.</b> <b>BRANDON, FL 33510</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D, VP</b> <b>LINDA BERGER</b> <b>104 FOXWOOD DR.</b> <b>BRANDON, FL 33510</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>							
SIGNATURE: <u><i>Paul Saxon</i></u> <b>PAUL SAXON</b> <u>4/5/05</u> 813-389-3000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>							