

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000086714**

1. Entity Name  
**INTEGRAL TRANSACTIONS, INC.**



Principal Place of Business

**3956 DUNWOODY DRIVE  
PENSACOLA, FL 32503**

Mailing Address

**3956 DUNWOODY DRIVE  
PENSACOLA, FL 32503**



05252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3599752**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORNSBY, AUBREY  
3956 DUNWOODY DRIVE  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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 IIR if applicable (NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
**P  
HORNSBY, AUBREY  
3956 DUNWOODY DRIVE  
PENSACOLA, FL 32503**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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UN0000368544  
05/31/05-80005-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-25-05**  
Date

**850 433 1460**  
Daytime Phone #