

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V01211

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** AUTOMATED MERCHANT SYSTEMS, INC.

**Current Principal Place of Business:**

600 NORTHLAKE BLVD  
SUITE 140  
ALTAMONTE SPRING, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 NORTHLAKE BLVD  
SUITE 140  
ALTAMONTE SPRING, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3099999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, DANIEL LEE  
1833 MISTY MORN PLACE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PV  
Name: SLOAN, DANIEL LEE  
Address: 1833 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: TS  
Name: SLOAN, PATRICE  
Address: 1833 MISTY MORN PLACE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL L. SLOAN

PRES

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date