

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000101656

**Entity Name:** CORPORATE PAYMENT SERVICES, INC.

**Current Principal Place of Business:**

5255 PALM DRIVE  
MELBOURNE BEACH, FL 32951

**Current Mailing Address:**

PO BOX 510352  
MELBOURNE BEACH, FL 32951 US

**FEI Number:** 27-4271101

**Certificate of Status Desired:** No

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

WENGEL, CHAD  
5255 PALM DRIVE  
MELBOURNE BEACH, FL 32951 US

*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

**Officer/Director Detail :**

Title P  
Name WENGEL, CHAD  
Address 5255 PALM DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title T/D  
Name WENGEL, CHAD  
Address 5255 PALM DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

Title S/D  
Name WENGEL, WENDI  
Address 5255 PALM DRIVE  
City-State-Zip: MELBOURNE BEACH FL 32951

*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:** CHAD WENGEL

P

02/22/2017

Electronic Signature of Signing Officer/Director Detail

Date