

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004960

**Entity Name:** JHA PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

663 W HWY 60  
MONETT, MO 65708

**Current Mailing Address:**

PO BOX 807  
MONETT, MO 65708 US

**FEI Number: 91-2047199**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            FOSS, DAVE  
Address        PO BOX 807  
City-State-Zip: MONETT MO 65708

Title            TREASURER  
Name            CARSLEY, MIMI L  
Address        PO BOX 807  
City-State-Zip: MONETT MO 65708

Title            SECRETARY  
Name            MORGAN, CRAIG K  
Address        663 W HWY 60  
City-State-Zip: MONETT MO 65708

Title            VP  
Name            ADELSON, GREG  
Address        663 W HWY 60  
City-State-Zip: MONETT MO 65708

*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: MIMI CARSLEY**

**TREASURER**

**04/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date