

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003918

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: S.A.L.T. PAYROLL CONSULTANTS, INC.

## Current Principal Place of Business:

4300 W CYPRESS ST  
370  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

1120 PINELLAS BAY WAY STE 208  
ST PETERSBURG, FL 33715

## New Mailing Address:

FEI Number: 26-0550353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEAL, A.R.  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

STRICKLER, DAVID  
1120 PINELLAS BAYWAY S.  
SUITE 204  
ST. PETERSBURG, FL 33715 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: DAVID STRICKLER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CS ( ) Delete  
Name: SCOTT, ANDREW  
Address: 1120 PINELLAS BAY STE 208  
City-St-Zip: ST PETERSBURG, FL 33715

Title: VCP ( ) Delete  
Name: CAPPOCK, KEVIN  
Address: 1120 PINELLAS BAY STE 208  
City-St-Zip: ST PETERSBURG, FL 33715

Title: T ( ) Delete  
Name: COHEN, RICH  
Address: 1120 PINELLAS BAY STE 208  
City-St-Zip: ST PETERSBURG, FL 33715

Title: CFO ( ) Delete  
Name: LESLIE, JON D  
Address: 1120 PINELLIS BAY STE 208  
City-St-Zip: SAINT PETERSBURG, FL 33715

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JON D. LESLIE

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

Date