

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092019

Entity Name: XTREME PAYROLL, INC

FILED  
Jan 17, 2004  
Secretary of State

## Current Principal Place of Business:

4241 BAYMEADOWS RD  
STE 12  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 23123  
JACKSONVILLE, FL 32241

## New Mailing Address:

FEI Number: 16-1623817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRONCZAK, LESLIE S  
9170 LATIMER ROAD WEST  
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FRONCZAK, LESLIE S  
Address: 9170 LATIMER ROAD WEST  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: SCHERZ, KENNETH W  
Address: 13214 LARGO DRIVE  
City-St-Zip: SAVANNAH, GA 31419

Title: D ( ) Delete  
Name: SCHERZ, ROSALINDE H  
Address: 13214 LARGO DRIVE  
City-St-Zip: SAVANNAH, GA 31419

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE S FRONCZAK

P

01/17/2004

Electronic Signature of Signing Officer or Director

Date