

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018934

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: GEVITY HR, INC.

**Current Principal Place of Business:**

9000 TOWN CENTER PARKWAY  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25020  
BRADENTON, FL 34205

**New Mailing Address:**

FEI Number: 65-0735612      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEO ( ) Delete  
Name: VONK, ERIC  
Address: 9000 TOWN CENTER PKWY  
City-St-Zip: BRADENTON, FL 34202

Title: CFO (X) Delete  
Name: GRABOWSKI, PETER C JR  
Address: 9000 TOWN CENTER PKWY  
City-St-Zip: BRADENTON, FL 34202

Title: CAO ( ) Delete  
Name: SLADNICK, CLIFF  
Address: 9000 TOWN CENTER PKWY  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: WELSH, GARY  
Address: 9000 TOWN CENTER PKWY  
City-St-Zip: BRADENTON, FL 34202

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: CLIFFORD M SLADNICK

MR

03/18/2008

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

\_\_\_\_\_ Date