

2005 FOR PROFIT CORPORATION ANNUAL REPORT


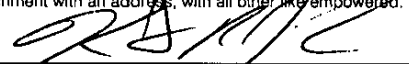
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Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90166 014 ***158.75

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # S29508					
1. Entity Name PAYASI COMPANY					
Principal Place of Business 1631 GULF-TO-BAY BLVD. CLEARWATER, FL 33755			Mailing Address 1631 GULF-TO-BAY BLVD. CLEARWATER, FL 33755		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON BRUCE 1631 GULF TO BAY BLVD CLEARWATER, FL 34615				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD.. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, BRUCE HENRY	NAME			
STREET ADDRESS	1631 GULF-TO-BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, ROY CHARLES	NAME			
STREET ADDRESS	1631 GULF-TO-BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HATCH, ELIZABETH	NAME			
STREET ADDRESS	1631 GULF-TO-BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, KENNETH ROBERT	NAME			
STREET ADDRESS	1631 GULF-TO-BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEISLER, JOSEPH P.	NAME			
STREET ADDRESS	1631 GULF-TO-BAY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		KENNETH R JACKSON		3-03-05 727-461-2233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	