

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120435

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** PROFESSIONAL EMPLOYER PLANS IX, INC.

**Current Principal Place of Business:**

1911 US HWY 301 N, SUITE 450  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

1911 US HWY 301 N, SUITE 450  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:** 40-0001982

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLCOMB, VICTOR W  
106 S TAMPANIA AVE, SUITE 200  
TAMPA, FL 33609 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: HARPER, STEVE  
Address: 4311 ROBIN LN  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete  
Name: LIESS, ROBERT  
Address: 2602 WEST SAM ALLEN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: COO ( ) Delete  
Name: SMITH, J E  
Address: 13811 WHISPERWOOD DR  
City-St-Zip: CLEARWATER, FL 33762

**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:** STEVE HARPER

P

04/27/2005

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

\_\_\_\_\_  
Date