

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721805

FILED
Jun 10, 2007
Secretary of State

Entity Name: PAID, INC.

Current Principal Place of Business:

2720 E MAIN ST
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

2720 E MAIN ST
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 23-7179765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NORRIS, SCOTT J
6517 DORCHESTER RD
LAKELAND, FL 33809 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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ROSEGGER, LESLIE
Address: 6517 DORCHESTER RD
City-St-Zip: LAKELAND, FL 33809

Title: DT () Delete
Name: NORRIS, SCOTT J
Address: 6517 DORCHESTER RD
City-St-Zip: LAKELAND, FL 33809

Title: DC () Delete
Name: DOUCE, DALE
Address: 2537 LAKEVIEW ST.
City-St-Zip: LAKELAND, FL 33301

Title: D () Delete
Name: RIBKEE, BILL
Address: 2810 MINEOLA APT#3
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Delete
Name: MARTIN, DAVID M
Address: 5042 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Delete
Name: SHILES, EDWARD
Address: 4031 CENTRAL AVE SE
City-St-Zip: HIGHLAND CITY, FL 33846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: ROSEGGER, LESLIE
Address: 6517 DORCHESTER RD
City-St-Zip: LAKELAND, FL 33809

Title: DS (X) Change () Addition
Name: WHIDDON, CLAY
Address: 5719 VIBURNAM
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Change () Addition
Name: MARTIN, DAVID M
Address: 5042 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: D (X) Change () Addition
Name: HUDSON, ROBERT
Address: 514 HILLSIDE DR.
City-St-Zip: AUBURNDAL, FL

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT J NORRIS

D

06/10/2007

Electronic Signature of Signing Officer or Director

_____ Date