

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721805

Entity Name: PAID, INC.

FILED  
Jan 18, 2009  
Secretary of State

**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 ( )

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

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

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

Title: D ( ) Delete  
Name: HUDSON, ROBERT  
Address: 514 HILLSIDE DR.  
City-St-Zip: AUBURNDALE, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: WALTERS, VICKY  
Address: OLD POLK CITY RD  
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change ( ) Addition  
Name: GUINN, TRACY  
Address: WOODSTOCK AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: PAGEL, CLAYTON  
Address: .CRASH CREEK RD  
City-St-Zip: POLK CITY, FL 33811

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

RA

01/18/2009

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

\_\_\_\_\_  
Date