

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000000017

1. Entity Name
PAYLOAD INTEGRATION COMPANY



Principal Place of Business
821 LAKE PORT BLVD. G-512
LEESBURG, FL 34748

Mailing Address
821 LAKE PORT BLVD. G-512
LEESBURG, FL 34748

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0417295

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RYAN, JOSEPH L
821 LAKE PORT BLVD. G-512
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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

Joseph L. Ryan
Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

7/24/08
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000956767
07/31/08-80003-023 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JOHANNSON, DOROTHY
821 LAKE PORT BLVD. G-512
LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
JOHANNSON, HANS
821 LAKE PORT BLVD. G-512
LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joseph L. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/08
Date

852-728-8772
Daytime Phone #