

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000017

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: PAYLOAD INTEGRATION COMPANY

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 76-0417295      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RYAN, JOSEPH L  
821 LAKE PORT BLVD. G-512  
LEESBURG, FL 34748 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: PD ( ) Delete  
Name: JOHANNSON, DOROTHY  
Address: 821 LAKE PORT BLVD. G-512  
City-St-Zip: LEESBURG, FL 34748

Title: SDT ( ) Delete  
Name: JOHANNSON, HANS  
Address: 821 LAKE PORT BLVD. G-512  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: TREA ( ) Change (X) Addition  
Name: RYAN, JOSEPH L  
Address: 821 LAKE PORT BLVD S-402  
City-St-Zip: LEESBURG, FL 34748

Title: DIR ( ) Change (X) Addition  
Name: MCDANIELS, JENNIFER  
Address: 2626 NELA AVE  
City-St-Zip: BELLE ISLE, FL 32809

Title: DIR ( ) Change (X) Addition  
Name: CARD, LINDA M  
Address: PO BOX 669, 43558 SR 19  
City-St-Zip: ALTOONA, FL 32702 06

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

SIGNATURE: JOSEPH L RYAN

Electronic Signature of Signing Officer or Director

TREA

03/22/2009

\_\_\_\_\_ Date