

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000002455

1. Entity Name
PAYROLL MANAGEMENT INC. OF DELAWARE



Principal Place of Business
127 MIRACLE STRIP PARKWAY
SUITE N7
FT. WALTON BEACH, FL 32548

Mailing Address
127 MIRACLE STRIP PARKWAY
SUITE N7
FT. WALTON BEACH, FL 32548



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3215020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEAD P.A., MICHAEL W
24 WALTER MACTIN ROAD STE 3
FORT WALTON BEACH, FL 32548

**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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
BROOKS, MARION E
127 MIRACLE STRIP PKWY, STE N-7
FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SVP
BROOKS, JANICE FOSTER
127MIRACLE STRIP PKWY N7
FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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02/27/08-80041-013 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08

(850) 243-5704