


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # K37380 1. Entity Name PRIMEPAY OF FLORIDA, INC.	
--	---

Principal Place of Business 5440 BEAUMONT CENTER BLVD STE 445 TAMPA, FL 33634 US	Mailing Address 5440 BEAUMONT CENTER BLVD STE 445 TAMPA, FL 33634 US
---	---



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2912811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEYL, JOHN W 5440 BEAUMONT CENTER BLVD STE 445 TAMPA, FL 33634
--

**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 _____ (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	CEOD DUGAN, M. KEVIN 11611 USEEPPA COURT NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNEY, JOSEPH L 242 DEER RUN MEDIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLSASSER, EDWARD O 4908 W PRYAD ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000851840
03/26/08-80005-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Carney

3/10/08

(813) 890-0415

Date

Daytime Phone #