## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K47881

Entity Name: PROFESSIONAL EMPLOYER PLANS II, INC.

FILED Apr 11, 2006 Secretary of State

1911 US HWY 301 N. 1911 US HWY 301 N

SUITE 450 STE 450

TAMPA, FL 33619 US TAMPA, FL 33619 US

Current Mailing Address: New Mailing Address:

1911 US HWY 301 N. 1911 US HWY 301 N

SUITE 450 STE 450

TAMPA, FL 33619 US TAMPA, FL 33619 US

FEI Number: 59-2916840 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HOLCOMB, VICTOR W.

106 S TAMPANIA AVE
SUITE 200

HOLCOMB, VICTOR W.

106 S TAMPANIA AVE
STE 200

TAMPA, FL 33609 US TAMPA, FL 33609 US

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: 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: D (X) Change ( ) Addition Name: HARPER, STEVE Name: HARPER, WILLIAM H

 Name:
 HARPER, STEVE
 Name:
 HARPER, WILLIAM H

 Address:
 4311 ROBIN LN
 Address:
 2930 JOHN MOORE RD

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 BRANDON, FL 33511 US

Title: VP ( ) Delete Title: D/P (X) Change ( ) Addition

 Name:
 LIESS, ROBERT
 Name:
 HARPER, STEVEN D

 Address:
 2602 WEST SAM ALLEN RD
 Address:
 4311 ROBIN LN

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 TAMPA, FL 33609 US

Title: COO ( ) Delete Title: D/VP (X) Change ( ) Addition

 Name:
 SMITH, J.E. (GENE)
 Name:
 LIESS, ROBERT M

 Address:
 13811 WHISPERWOOD DR
 Address:
 2602 W SAM ALLEN RD

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:
 PLANT CITY, FL 33564 US

Title: ( ) Delete Title: COO ( ) Change (X) Addition

 Name:
 Name:
 SMITH, J E

 Address:
 Address:
 13811 WHISPERWOOD DR

 City-St-Zip:
 City-St-Zip:
 CLEARWATER, FL 33762 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN D HARPER P 04/11/2006