2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000002434

1. Entity Name
FIRST STREET PAYROLL SERVICES, LLC

20008001

01282005   Chg-LLC   CR2E083 (10/03)

Principal Place of Business	Mailing Address
816 SW MAIN BLVD LAKE CITY, FL 32025	816 SW MAIN BLVD LAKE CITY, FL 32025

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3697386
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, G. DAVID
816 SW MAN BLVD
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

Name
Philip J. Moses, Jr.

Street Address (P.O. Box Number is Not Acceptable)
816 SW Main Blvd.

City Lake City   FL   Zip Code 32025

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: _____ Philip J. Moses, Jr.   2/4/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME ODOM, MOSES & CO, LLP STREET ADDRESS 816 SW MAN BLVD CITY-ST-ZIP LAKE CITY, FL 32055	☐ Delete	TITLE MGR NAME Odom, Moses + Co., LLP STREET ADDRESS 816 SW Main Blvd CITY-ST-ZIP Lake City FL 32025	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   Philip J. Moses, Jr.   2/4/05   386/752-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #