2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 HAY -5 PH 2: 57

DOCUMENT # L53108 1. Entity Name CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, INC.								SECI		LE, TLOF	, . ,- 	
Principal Place of Business 401 YELVINGTON AVE CLEARWATER, FL 33755 US			Mailing Address 401 YELVINGTON AVENUE CLEARWATER, FL 33755 US			t (100 ((0)); 10	II BIYAN DERDI MUR NAYAT KAI	1 115 ff 515ft 111	FIL MINIT NI MIL ORNI	1881 HI EU EI		
Principal Place of Business 3.			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03192006	Chg-P	CR2E0	34 (11/05)			
City & State			City & State				4. FEI Numb 65-019			<u> </u>	plied For t Applicable	
Zìp	Country		Zip	Cour	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent			· 7. Name and Address of New Registe			Registered .	ered Agent		
DRUMMOND, TEMPLE H 401 YELVINGTON AVENUE CLEARWATER, FL 33755					Name Temple H. Drummond Strates (P.O. Box Number is Not Acceptable) Winick Wehls Drummondride Kess, LLP 328 West Bears Avence City El Zip Code							
	2000	y submits this statement for ered agent.	r the purpose of changing its)	red office or	register	ed agent, or bo	th, in the State of Flores	FL orida. (am	336	3	
		FEE IS \$150.00 5 Fee will be \$550.0	1				00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS.	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2902 WIL	AUGUST R DERNESS BLVD E , FL 34219	Delete			290	rcio, A D2 Wild	August R. Herness F FL 34219	31vd	⊠ Change E	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 YELV	M, CAROLYN INTON AVE ATER, FL 33755	€ Delete			Di Bra 40	rector adham, l Yelvi	Carolyn ngton Av	re	Ģ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				9	00076; 4/0601036	205		□ Addition	
TITLE NAME STREET ADDRESS CATY-ST-ZIP			☐ Defete						•	☐ Change	Addition	
TITLE NAME			☐ Delete	TITL						☐ Change	☐ Addition	

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.

STREET ADDRESS

STREET ADDRESS CITY+ST+ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date

Dayume Phone #

☐ Change ☐ Addition