FILED
Jun 28, 2004 8:00 am
Secretary of State
03-25-2004 90215 022 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009030

1. Entity Name
CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION LLC

34008967

Principal Place of Business	Mailing Address
~~535 CENTRAL AVENUE~~ ~~SAINT PETERSBURG, FL 33701 US~~	~~5401 CENTRAL AVENUE~~ ~~SAINT PETERSBURG, FL 33710 US~~

02182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
401 Yelvington Ave.		401 Yelvington Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Clearwater, FL		City & State: Clearwater, FL	
Zip: 33755	Country: Pinellas	Zip: Pinellas	Country: Pinellas

4. FEI Number: 65-0969980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCATEE, CAROL CPA 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710	Name: Temple H. Drummond Street Address (P.O. Box Number is Not Acceptable): 401 Yelvington Ave. City: Clearwater FL Zip Code: 33755

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: Temple H Drummond Temple H. Drummond 3/23/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM MANAGING MEMBER	☐ Delete	TITLE	MANAGING MEMBER	☐ Change ☒ Addition
NAME	CURCIO, AUGUST R		NAME	Carolyn Bradham	
STREET ADDRESS	2901 WILDERNESS BLVD E		STREET ADDRESS	401 Yelvington Ave.	
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment 34008967

CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION, LLC

401 Yelvington Avenue
Clearwater, Florida 33755

Phone: (727) 461-7800
Fax: (727) 466-0475
E-Mail: certified peo.net

June 25, 2004

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: Certified Professional ~~Employer~~ Organization, LLC
Reference Number: L99000009030

Ladies/Gentlemen:

Please be advised that the titles of the principals listed on the report are as follows:

1. August R. Curcio's "title" is Managing Member.
2. Carolyn Bradham's title" is Managing Member.

Thank you for your assistance in this matter.

Sincerely,

Susan Arnold

Susan Arnold

SA:bh