

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000013970

1. Entity Name

CONCEPT 2000 PAYROLL CORP.



Principal Place of Business

3250 NORTH 29TH AVE
#200
HOLLYWOOD, FL 33020

Mailing Address

3250 NORTH 29TH AVE
#200
HOLLYWOOD, FL 33020



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0982361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBY, CHARLES E
3250 NORTH 29TH AVE
#200
HOLLYWOOD, FL 33020

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBY, CHARLES E
STREET ADDRESS	3250 NORTH 29TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	SHELDON, HARVEY
STREET ADDRESS	18142 NW 15TH CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	FLOYD, CHARLOTTE
STREET ADDRESS	16475 NE 32ND AVE
CITY-ST-ZIP	NORTH MIAMI, FL 33160
TITLE	D
NAME	HEMPHILL, CHUCK
STREET ADDRESS	22917 OLD INLET BRIDGE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	OLIVIERI, WILLIAM T
STREET ADDRESS	1145 LIDFLOWER STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/21/05-80062-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

Charles Jacoby

1/6/5

954-893-0126
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