## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with a

SIGNATURE:

address, with all other like empowered.

## Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P00000084690 1. Entity Name 04-09-2004 90040 034 \*\*\*158.75 TURNKEY PAYROLL SERVICES, INC. Principal Place of Business Mailing Address 2189 CLEVELAND STREET 2189 CLEVELAND STREET STE 251 CLEARWATER FL 33765 STE 251 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address 7247 Bryan Dairy K 7247 Bryan Dair Suite, Apt, #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3667398 arg Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 7247 Bryan Dairy 2189 CLEVELAND STREET-STE 251-CLEARWATER FL 33765 2190 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Addition ELIZABETHA . TAYLOR NAME TAYLOR, ELIZABETH A NAME 7247 Bryan Dairy Rd STREET ADDRESS 2189 CLEVELAND STREET STE 251 STREET ADDRESS Largo, FL 33777 **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-7IP STD DOLORES M. BEASLEY Totange STD mile ☐ Delete TITLE BEASLEY, DOLORES M NAME NAME 7247 Bryan Dairy Rd STREET ADDRESS 2189 CLEVELAND STR STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-7IP 33777~ TITLE ☐ Defete TITLE Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP 12. 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 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

FILED