## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P00000084690

1. Entity Name

TURNKEY PAYROLL SERVICES, INC.



**FILED** Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

7247 BRYAN DAIRY RD. LARGO, FL 33777 US Mailing Address

7247 BRYAN DAIRY RD. LARGO, FL 33777 US



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01292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3667398 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TAYLOR, ELIZABETH A 7247 BRYAN DAIRY RD

## DO NOT WRITE

LARGO, FL 33777			IN THIS SPACE			
the obligat	named entity submits this statement for the plions of registered agent.  Signalure, typed or printed name of registered agent and title.			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	 ot
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution		\$5.00 May Be Added to Fees	000000815093 02/13/08-80070-012 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, ELIZABETH A 7247 BRYAN DAIRY RD LARGO, FL 33777					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEASLEY, DOLORES M 7247 BRYAN DAIRY RD LARGO, FL 33777					
TITLE NAME STREET ADDAESS CITY-ST-ZIP			:	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

12. Thereby 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ELIZABETHA. TAYLOR, PRES.