2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 021 ***150.00

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1. Entity Name
PAYCHECK SPECIALISTS, INC.

Principal Place of Business
2154 MARINER BLVD
SPRING HILL, FL 34609

Mailing Address
2154 MARINER BLVD
SPRING HILL, FL 34609

01072004—No Chg-P— CR2E034 (10/03)

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4. FEI Number
59-3669957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICK, PATTI S
2154 MARINER BLVD
SPRING HILL, FL 34609

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATRICK, PATTI S
STREET ADDRESS	2216 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	DVT
NAME	PATRICK, TAMMY S
STREET ADDRESS	4435 UNION SPRINGS ROAD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	DVS
NAME	CARTER, SANDRA L
STREET ADDRESS	2208 BATTEN ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P S Patrick P S PATRICK 1-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #