

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 046 ***150.00

DOCUMENT # P01000021669

1. Entity Name
FIRST SOURCE PAYROLL CORP.



Principal Place of Business
1903 SOUTH CONGRESS AVE
STE 160
BOYNTON BEACH, FL 33426

Mailing Address
1903 SOUTH CONGRESS AVE
STE 160
BOYNTON BEACH, FL 33426

50000910



3200 N. Federal Hwy. , #121
Boca Raton, Florida 33431

3200 N. Federal Hwy. , #121
Boca Raton, Florida 33431

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3706865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASCIO, CARL A
525 NE 3RD AVENUE 102
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
LUCIANI, JOHN W III
1903 SOUTH CONGRESS AVE #160
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUCIANI, DORIAN
1903 SOUTH CONGRESS AVE #160
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. CEOD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LUCIANI, JOHN W III
3200 N. FEDERAL HWY #121
BOCA RATON, FL 33431

PD
LUCIANI, DORIAN
3200 N. FEDERAL HWY #121
BOCA RATON, FL 33431

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND DIRECTORS IN 11

☒ Change ☐ Addition

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12. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #