

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000101855

1. Entity Name
 RNA PAYROLL SERVICES, INC.



Principal Place of Business
 1320 S. ORLANDO AVENUE
 SUITE 4
 WINTER PARK, FL 32789

Mailing Address
 1320 S. ORLANDO AVENUE
 SUITE 4
 WINTER PARK, FL 32789



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3750783

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, GLORIA J
 1320 S. ORLANDO AVENUE
 SUITE 4
 WINTER PARK, FL 32789

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 _____ (NOTE: Registered Agent signature required when rechartering) 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

U00000150312
 05/04/04-80001-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, GLORIA J
STREET ADDRESS	1320 S ORLANDO AVENUE, SUITE 4
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ROBINSON, ANTHONY
STREET ADDRESS	1320 S. ORLANDO AVE, STE. 4
CITY - ST - ZIP	WINTER PARK, FL 32789
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)(f), 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:

Gloria J. Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 407 478 5950
 Date Daytime Phone #