

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000120435

1. Entity Name
PROFESSIONAL EMPLOYER PLANS IX, INC.



FILED

06 JUN 23 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1911 US HWY 301 N
STE 450
TAMPA, FL 33619 US

Mailing Address
1911 US HWY 301 N
STE 450
TAMPA, FL 33619 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

06152006 Chg-P CR2E034 (11/05)

4. FEI Number
40-0001982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOLCOMB, VICTOR W
106 S TAMPANIA AVE
STE 200
TAMPA, FL 33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, WILLIAM H	
STREET ADDRESS	2930 JOHN MOORE RD	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	HARPER, STEVEN D	
STREET ADDRESS	4311 ROBIN LN	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D/V/P	<input type="checkbox"/> Delete
NAME	LISS, ROBERT M	
STREET ADDRESS	2602 W SAM ALLEN RD	
CITY-ST-ZIP	PLANT CITY, FL 33564	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	SMITH, J E	
STREET ADDRESS	13811 WHISPERWOOD DR	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Steven D. Harper Steven D Harper 6/16/06 (813) 246-5657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #