

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000120443

1. Entity Name
PROFESSIONAL EMPLOYER PLANS VIII, 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
40-0001981

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, WILLIAM H			NAME			
STREET ADDRESS	2930 JOHN MOORE RD			STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 33511			CITY-ST-ZIP			
TITLE	D/P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, STEVEN D			NAME			
STREET ADDRESS	4311 ROBIN LN			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33609			CITY-ST-ZIP			
TITLE	D/VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LISS, ROBERT M			NAME			
STREET ADDRESS	2602 W SAM ALLEN RD			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY, FL 33564			CITY-ST-ZIP			
TITLE	COO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, J E			NAME			
STREET ADDRESS	13811 WHISPERWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33762			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 6/6/06 (813) 246-5657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #