


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000102424
 1. Entity Name
 S.A.L.T. PAYROLL CONSULTANTS, INC.



Principal Place of Business 4350 W. CYPRESS ST. 725 TAMPA, FL 33607	Mailing Address 1120 PINELLAS BAY WAY 208 SAINT PETERSBURG, FL 33715
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02092007 No Chg-P CR2E034 (11/05)

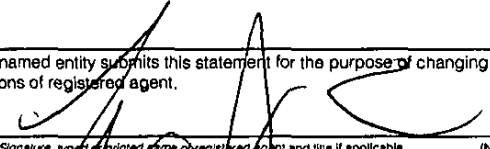
4. FEI Number 16-1631270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPOCK, KEVIN J
 1120 PINELLAS BAY WAY
 208
 SAINT PETERSBURG, FL 33715

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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:  DATE: _____

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

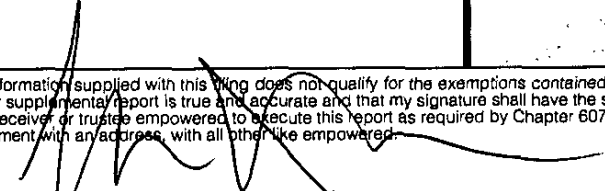
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPOCK, KEVIN 1120 PINELLAS BAY WAY SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUMAN, MILTON R 1120 PINELLAS BAYWAY STE 208 TIERRA VERDE, FL 33715
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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:  **Date** 3/5/06 **Daytime Phone #** 727-906-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR