

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90070 001 ***150.00

DOCUMENT # P03000060769

1. Entity Name

ADVANTAGE PAYROLL SOLUTIONS, INC.



Principal Place of Business

**12051 GATEWAY GREENS DRIVE #323
FORT MYERS, FL 33913**

Mailing Address

**12051 GATEWAY GREENS DRIVE #323
FORT MYERS, FL 33913**

44029050

2. Principal Place of Business

17595 S TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.
SUITE 200.23

Suite, Apt. #, etc.

02072004

Chg-P

CR2E034 (10/03)

City & State

FORT MYERS FL

City & State

4. FEI Number

02-0699054

Applied For

Not Applicable

Zip
33908

Country
LEE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IANNONE, DAVID ANTHONY
12051 GATEWAY GREENS DRIVE #323
FORT MYERS, FL 33913**

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, 2004 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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
**PSTD
DAVID A IANNONE
12051 GATEWAY GREENS DR #323
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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)(i), 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:

DAVID A IANNONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10, 04 239-707-1133
Date Daytime Phone #