2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168610

City-St-Zip: OCALA, FL 34481

Entity Name: CASSEDAY PAYROLL SERVICE CO.

FILED Jan 19, 2009 Secretary of State

| Current Princi | pal Place of Business: | New Principal Place | New Principal Place of Business: | |
|--|--|---------------------------------------|--|--|
| 8269 SW 100 L OCALA, FL 344 | | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| 8269 SW 100 L OCALA, FL 344 | | | | |
| FEI Number: 20-19 | 976790 FEI Number Applied For (|) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Add | Iress of Current Registered Agei | nt: Name and Address o | of New Registered Agent: | |
| CASSEDAY, JL 8269 SW 100 L. OCALA, FL 34 | AN RD | | | |
| The above nam in the State of F | | the purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| _ | Electronic Signature of Registere | d Agent | Date | |
| Election Campaig | n Financing Trust Fund Contribution (|). | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| | () Delete SSEDAY, JUANITA 9 SW 100 LAN RD | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA CASSEDAY PS 01/19/2009