

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90031 007 \*\*\*158.75

**DOCUMENT # P06000017881**

1. Entity Name  
Y PAY MORE INC.



Principal Place of Business  
5113 SHARON TER.  
JACKSONVILLE, FL 32207

Mailing Address  
5113 SHARON TER.  
JACKSONVILLE, FL 32207

40045370



2. Principal Place of Business - No P.O. Box #  
5800 BEACH BLVD.

3. Mailing Address  
5800 BEACH BLVD

Suite, Apt. #, etc.  
Suite 203-64

Suite, Apt. #, etc.  
Suite 203-64

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

03122008 Chg-P CR2E034 (12/06)

4. FEI Number  
34-2061370

Applied For  
Not Applied

Zip  
32207

Country  
DUAL

Zip  
32207

Country  
DUAL

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

6. Name and Address of Current Registered Agent

SCHMIDT, ROBERT J  
5113 SHARON TER  
JACKSONVILLE, FL 32207

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

ROBERT J. SCHMIDT pres 3/12/08

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SCHMIDT, ROBERT J  
STREET ADDRESS 5113 SHARON TER.  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE T ☐ Delete  
NAME SCHMIDT, MARY J  
STREET ADDRESS 5113 SHARON TER  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Ad  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SCHMIDT pres 3/12/08 9042260997