

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000100563

FILED
Oct 13, 2009
Secretary of State

Entity Name: PAYROLL MATTERS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2069 NORTH MONROE ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 3745
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 56-2602034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOHMAN, JOHN A
3047 KILLEARN POINT COURT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: HOHMAN, JOHN A
Address: 3047 KILLEARN POINT COURT
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VP () Delete
Name: BURNS, WILLIAM B
Address: 6320 GLASGOW DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: P (X) Delete
Name: CRAIG, MUGGLIN A
Address: 5153 GRANDVIEW CT.
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/S (X) Change () Addition
Name: BURNS, WILLIAM B
Address: 6320 GLASGOW DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Change () Addition
Name:
Address:
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: WILLIAM B. BURNS

P/S

10/13/2009

Electronic Signature of Signing Officer or Director

Date