## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089967

Entity Name: PAYLESS COMPUTER SERVICES INC

FILED Feb 07, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8803 FUTURES DR. **UNIT #10** ORLANDO, FL 32819

**New Mailing Address: Current Mailing Address:** 

8803 FUTURES DR. 8803 FUTURES DR. **UNIT #10** UNIT # 10-A ORLANDO, FL 32819 ORLANDO, FL 32819

FEI Number: 26-3462092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

FARD, FARIBORZ M HARRIS, DAMON F 8803 FUTURES DR. 8803 FUTURES DR. #10 #10-A ORLANDO, FL 32819 US ORLANDO, FL 32819 US

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: DAMON HARRIS 02/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FARD, FARIBORZ M GULA, RUVIM Name: Name: 8803 FUTURES DR. UNIT #10 8803 FUTURES DR. UNIT #10-A Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: VΡ Title: () Delete (X) Change ( ) Addition Name: GUILLETE, PETER Name: GUILLETE. PETER

14801 HUNTLEY DR. 14801 HUNTLEY DR Address: Address: ORLANDO, FL 32828 ORLANDO, FL 32828 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change ( ) Addition Title: KLOMP, JOSHUA S EUART, ANDREAU Name: Name:

14801 HUNTLEY DR. 523 SABAL LAKES DRIVE, APT 204 Address Address:

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: ( ) Change (X) Addition

HARRIS, DAMON F Name: Name:

Address: Address: 523 SABAL LAKES DRIVE, APT 204 City-St-Zip: City-St-Zip: LONGWOOD, FL 32779

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: DAMON HARRIS 02/07/2009 Τ