

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044165

Entity Name: PAYCHECKS PLUS, INC.

FILED  
Jan 30, 2008  
Secretary of State

## Current Principal Place of Business:

2420 ENTERPRISE RD. STE. 208  
CLEARWATER, FL 33763

## New Principal Place of Business:

## Current Mailing Address:

2420 ENTERPRISE RD. STE. 208  
CLEARWATER, FL 33763

## New Mailing Address:

FEI Number: 59-3335577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REEDY, MICHAEL CPA  
305 NORTH PARSONS AVENUE  
BRANDON, FL 33510 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: FRETTO, CHERIE M  
Address: 125 MOBBLY BAY DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: PRES ( ) Delete  
Name: PAILLEY, BARBARA J  
Address: 2800 SUN GLOW WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PAILLEY, BARBARA J  
Address: 2800 SUN GLOW WAY  
City-St-Zip: CLEARWATER, FL 33761

Title: SEC ( ) Change (X) Addition  
Name: FRETTO, TAMI T  
Address: 265 MYRTLE CT  
City-St-Zip: PALM HARBOR, FL 34683

Title: TR ( ) Change (X) Addition  
Name: FOWLER, KIMBERLY M  
Address: 3439 ROLLING TRAIL  
City-St-Zip: PALM HARBOR, FL 34684

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: KIMBERLY FOWLER

TR

01/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date