

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001702

FILED
Apr 16, 2009
Secretary of State

Entity Name: PROFESSIONAL EMPLOYER PLANS, INC.

Current Principal Place of Business:

1911 US HWY 301 N
STE 450
TAMPA, FL 33619 US

New Principal Place of Business:

600 N WESTSHORE BLVD
SUITE 800
TAMPA, FL 33609 US

Current Mailing Address:

1911 US HWY 301 N
STE 450
TAMPA, FL 33619 US

New Mailing Address:

600 N WESTSHORE BLVD
SUITE 800
TAMPA, FL 33609 US

FEI Number: 65-0727474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
415 S HYDE PARK AVE
TAMPA, FL 33606 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: D () Delete
Name: HARPER, WILLIAM H
Address: 2930 JOHN MOORE RD
City-St-Zip: BRANDON, FL 33511 US

Title: D/P () Delete
Name: HARPER, STEVEN D
Address: 4311 ROBIN LN
City-St-Zip: TAMPA, FL 33609 US

Title: DVP () Delete
Name: LIESS, ROBERT
Address: 2602 W SAM ALLEN RD
City-St-Zip: PLANT CITY, FL 33564 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEVEN HARPER

D/P

04/16/2009

Electronic Signature of Signing Officer or Director

Date