## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000018934

Entity Name: GEVITY HR. INC

FILED Jun 15, 2009 Secretary of State

Entity Nar	me: GEVITY	HR, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
515 E. PARK AVENUE TALLAHASSEE, FL 32301				9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		
Current Mailing Address:			New Maili	New Mailing Address:		
515 E. PARK AVENUE TALLAHASSEE, FL 32301			9000 TOWN CENTER PARKWAY BRADENTON, FL 34202			
FEI Number:	: 65-0735612	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificate of Status	Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered A	gent:	
515 E. PAF TALLAHAS The above	ECT AGENTS RK AVENUE SSEE, FL 323 named entity of Florida.	01 US	ourpose of changing	ts registered office or registered	agent, or both,	
SIGNATUR	RE:					
	Electrol	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CEO ( WELSH, GARY 9000 TOWN C BRADENTON,	ENTER PKWY	Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Addition GOLDFIELD, BURTON 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		
Title: Name: Address: City-St-Zip:	ame: SLADNICK, CLIFF ddress: 9000 TOWN CENTER PKWY			CFO (X) Change ( ) Addition DEVLIN, DOUGLAS P 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		
itle: ( ) Delete lame: ddress: city-St-Zip:			Title: Name: Address: City-St-Zip:	SECY ( ) Change (X) Addition HAMMOND, GREGORY L 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		
Title: Name: Address: City-St-Zip:	me: dress:			VP ( ) Change (X) Addition CARLSON, STEVE 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition DEWITT, LYLE 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202		

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: DOUGLAS P. DEVLIN CFO 06/15/2009