

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90246 042 ***150.00

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DOCUMENT # P97000088230 1. Entity Name PAYCHEX ADMINISTRATIVE SERVICES, INC.					
Principal Place of Business 10105 NINTH STREET NORTH ST PETERSBURG, FL 33716			Mailing Address 911 PANORAMA TR S ROCHESTER, NY 14625 US		
2. Principal Place of Business 10105 DR. M.L.KING JR. ST N		3. Mailing Address Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State		4. FEI Number 59-3480133	
Zip 33716		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORPHY, JOHN <input type="checkbox"/> Delete 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, CRAIG <input type="checkbox"/> Delete 1010 S 9TH STREET NORTH SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, CRAIG <input type="checkbox"/> Change <input type="checkbox"/> Addition 10105 DR. M.L.KING JR. ST. NORTH ST. PETERSBURG FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORTORELLA, ANTHONY <input type="checkbox"/> Delete 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ John M. Morphy 4/1/04 585-385-6664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					