


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000056573 1. Entity Name MODERN PAYROLL SOLUTIONS, INC.					
Principal Place of Business 475 CENTRAL AVENUE KRESS BUILDING, SUITE 100 ST. PETERSBURG FL 33701			Mailing Address 475 CENTRAL AVENUE KRESS BUILDING, SUITE 100 ST. PETERSBURG FL 33701		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3518812 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LETTELLEIR, MARK P 475 CENTRAL AVENUE KRESS BUILDING, SUITE 100 ST. PETERSBURG FL 33701			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	D <input type="checkbox"/> Delete MASCARA, ERNEST L 475 CENTRAL AVE STE M-8 ST PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LETTELLEIR, MARK 475 CENTRAL AVENUE, KRESS BLDG., STE. 100 ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> 000000027534 02/03/04-80051-004 150.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WARD, SUSAN 475 CENTRAL AVENUE, KRESS BLDG., STE. 100 ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICE, JACK JR 475 CENTRAL AVENUE, KRESS BLDG., STE. 100 ST. PETERSBURG FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICE, JACK SR 475 CENTRAL AVENUE, KRESS BLDG., STE. 100 ST. PETERSBURG FL 33701	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:  <div style="float: right; text-align: right;"> 1-23-04 (727) 894-4622 </div>					
<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>Date</div> <div>Daytime Phone #</div> </div>					



MOORE CR2E034 (11/03)