## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000056573

Title:

Name:

Address:

City-St-Zip:

Entity Name: MODERN PAYROLL SOLUTIONS, INC

FILED Apr 16, 2008 Secretary of State

Entity Na	me: MODERI	N PAYROLL SOLUTIONS, IN	C.					
Current Principal Place of Business:				New Principal Place of Business:				
9455 KOG SUITE 200 ST. PETEI		33702		9455 KOGI SUITE 200 ST. PETER		33702	US	
Current Mailing Address:				New Mailing Address:				
9455 KOG SUITE 200 ST. PETEI		33702		9455 KOGI SUITE 200 ST. PETER		33702	US	
FEI Number	: 59-3518812	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certifica	te of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
9455 KOG	EIR, MARK P EER BLVD., 2N RSBURG, FL							
	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered o	office or r	egistered agei	nt, or both,
SIGNATUI							_	
		nic Signature of Registered A	gent				Date	
Election Cal	mpaign Financin	g Trust Fund Contribution ( ).						
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGES	TO OFF	ICERS AND I	DIRECTORS
Title: Name: Address: City-St-Zip:	LETTELLEIR, N 9455 KOGER I			Title: Name: Address: City-St-Zip:	PD (X LETTELLEIR, I 9455 KOGER ST. PETERSBI	MARK P BLVD STE		
Title: Name: Address: City-St-Zip:	RICE, JACK Û 9455 KOGER E			Title: Name: Address: City-St-Zip:	VD (X RICE, JACK S 9455 KOGER ST. PETERSB	SR BLVD STE		
Title: Name: Address: City-St-Zip:	RICE, JACK S 9455 KOGER I			Title: Name: Address: City-St-Zip:	SD (X RICE, JACK S 9455 KOGER ST. PETERSB	JR BLVD STE		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARK P. LETTELLEIR PD 04/16/2008

() Delete

( ) Change (X) Addition

RAZOOK, FRED S

9455 KOGER BLVD., SUITE 200

ST. PETERSBURG, FL 33702 US