


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90023 027 ***150.00

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1. Entity Name
 PAYTECH, INC.



Principal Place of Business
 1311 JACKSON BLUFF ROAD
 TALLAHASSEE, FL 32304 US

Mailing Address
 PO BOX 20438
 TALLAHASSEE, FL 32316 US

60024224



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3583620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
 3520 THOMASVILLE RD
 4TH FLOOR
 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, ROBERT L PO BOX 20438 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, ADAM J PO BOX 20438 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, JOSH D PO BOX 20438 TALLAHASSEE, FL 32316
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ *Adam Kasper* _____ *4/14/08* _____ *850-222-9176*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #