

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # V73774

1. Entity Name
PAYROLL PLUS BENEFITS, INC.



Principal Place of Business
**4100 W. KENNEDY BLVD.
SUITE 207
TAMPA, FL 33609-2255 US**

Mailing Address
**4100 W. KENNEDY BLVD.
SUITE 207
TAMPA, FL 33609-2255**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3147197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, J. MICHAEL CPA
4100 W. KENNEDY BLVD.
SUITE 207
TAMPA, FL 33609-2255**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME SMITH, J MICHAEL CPA
STREET ADDRESS 4100 W. KENNEDY BLVD., SUITE 207
CITY-ST-ZIP TAMPA, FL 336092255

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 supplement to this 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 my address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. MICHAEL SMITH, PRES.

4/26/07

Date

(813) 218-2020

Daytime Phone #

U00000752993
05/22/07-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**