## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # V73774

1. Entity Name PAYROLL PLUS BENEFITS, INC.



Principal Place of Business

4100 W. KENNEDY BLVD.

SUITE 207 TAMPA, FL 33609-2255 US

4100 W. KENNEDY BLVD.

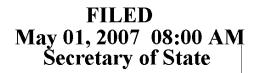
**SUITE 207** 

Mailing Address

4100 W. KENNEDY BLVD.

SUITE 207

TAMPA, FL 33609-2255





CR2E034 (11/05)

Applied For Not Applicable

\$8.75 Additional

No Chg-P

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3147197	
	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent	<del></del>	
SMITH, J. MICHAEL CPA	DO NOT WR	

## DO NOT WRITE IN THIS SPACE

04262007

TAMPA, F	L 33609-2255		1 5	" "IN	THE	SPACE	,
O The character	named entity submits this statement for the p		d attion or s	naistarad agent at h	ash ia tha l	State of Florida Lam familiar	with and accept
	inamed entity submits this statement for the plans of registered agent.	surpose of changing its registere	ad onice or r	egistered agent, or b	oun, in the s	state di Fiorida. Tarritamiliar	witti, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE: Registered	d Agent eignature	required when reinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		, t	· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SMITH, J MICHAEL CPA 4100 W. KENNEDY BLVD., SUITE 201 TAMPA, FL 336092255	7	:			V0000075299	a
IIILE NAME STREET ADDRESS CITY-ST-ZIP			, , ,	on the second	D-92	05/22/07-80002	-015 150.bo
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NO	T WRITE	. , .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			; ;	IN .	THIS	SSPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				en en e		Service Services	37
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	emptions cor	ntained in Chapter 1	19, Florida	Statutes. I further certify that I	the information

indicated on this report of supplemental type of its true and accurate and that my signature shall have the same legal effect as it made under but; that it am an officer or district or the ferburg of instead, 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 a decrease. Fith all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)218-2020