### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001702

Entity Name: PROFESSIONAL EMPLOYER PLANS, INC.

Entity Name. PROFESSIONAL EMPLOTER PLANS,

# **Current Principal Place of Business:**

715 SOUTH US HIGHWAY 301 TAMPA, FL 33619-4349

# **Current Mailing Address:**

715 SOUTH US HIGHWAY 301 TAMPA, FL 33619-4349 US

FEI Number: 65-0727474 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W 3203 W CYPRESS ST TAMPA, FL 33607 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 31, 2015

**Secretary of State** 

CC5952935161

#### Officer/Director Detail:

Title D Title

Name HARPER, WILLIAM H Name HARPER, STEVEN D

Address 2930 JOHN MOORE RD Address 4311 ROBIN LN

City-State-Zip: BRANDON FL 33511 City-State-Zip: TAMPA FL 33609

Title D/VP

Name LIESS, ROBERT

Address 2602 W SAM ALLEN RD City-State-Zip: PLANT CITY FL 33564

I hereby 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 all other like empowered.

SIGNATURE: STEVEN HARPER

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

D/P

03/31/2015

Date