2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 AUG 11 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F30734

1. Entity Name
SOUTHEASTERN STAFFING, INC.

Principal Place of Business	Mailing Address
3350 BUSCHWOOD PK DR #200 TAMPA, FL 33618	3350 BUSCHWOOD PK DR #200 TAMPA, FL 33618

08092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2084282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOCH, TERRY 3350 BUSCHWOOD PK DR STE 200 TAMPA, FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS VIARRIAL, FRED 215 UNION BLVD., STE 400 LAKEWOOD, CO 80228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP LaRkin, Robert 3350 Buschwood Pk Dr #220 Tampa, FL 33618 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOCK, CHRISTOPHER J 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800040431498 08/23/04--01068--023 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VIARRIAL, FRED 215 UNION BLVD., SUITE 400 LAKEWOOD, CO 80228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOCK, CHRISTOPHER J 1515 ARAPAHOE ST., #1500 DENVER, CO 80202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOCH, TERRY 225 W BUSCH BLVD TAMPA, FL 33612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT HESS, JOHN 215 UNION BLVD., SUITE 400 LAKEWOOD, CO 80228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #