

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 023 ***150.00

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01272005 Chg-P CR2E034 (10/03)

DOCUMENT # F30734 1. Entity Name SOUTHEASTERN STAFFING, INC.					
Principal Place of Business 3350 BUSCHWOOD PK DR #200 TAMPA, FL 33618			Mailing Address 3350 BUSCHWOOD PK DR #200 TAMPA, FL 33618		
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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOCK, CHRISTOPHER J 215 UNION BLVD., STE. 400 LAKEWOOD, CO 80228		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T VIARRIAL, FRED 215 UNION BLVD., SUITE 400 LAKEWOOD, CO 80228		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BOCK, CHRISTOPHER J 1515 ARAPAHOE ST., #1500 DENVER, CO 80202		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KOCH, TERRY 225 W BUSCH BLVD TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP LARKIN, ROBERT 3350 BUSCHWOOD PK DR TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

1/26/05

Daytime Phone #