


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90030 009 ***150.00

| | |
|---|---|
| DOCUMENT # K44535 |  |
| 1. Entity Name MEDICAL STAFFING, INC. | |

| | |
|---|--|
| Principal Place of Business % GERALD D. FRITZ 719 FOX VALLEY DR. LONGWOOD FL 32779 US | Mailing Address P O BOX 915722 LONGWOOD FL 32791-5722 US |
|---|--|

94048292



MOORE CR2E034 (11/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2916051 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent |
| FRITZ, GERALD D. 719 FOX VALLEY DRIVE LONGWOOD FL 32779 |

| | | |
|--|-----------|----------|
| 7. Name and Address of New Registered Agent | | |
| 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FRITZ, GERALD D. 719 FOX VALLEY DRIVE LONGWOOD FL 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS <input type="checkbox"/> Delete FRITZ, GERALD D 719 FOX VALLEY DRIVE LONGWOOD FL 32779 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Gerald D Fritz **GERALD D. FRITZ** 4/6/04 407-774-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #