


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91212 027 ***150.00

DOCUMENT # P01000015840 1. Entity Name LABOR SOLUTIONS STAFFING SERVICES, INC.			
Principal Place of Business 30 SUN RAY PLAZA FROSTPROOF, FL 33843		Mailing Address 30 SUN RAY PLAZA FROSTPROOF, FL 33843	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 205 N. Scenic Hwy Ste 100		Suite, Apt. #, etc. P.O. Box 995	
City & State Frostproof FL		City & State Frostproof, FL	
Zip 33843 - Country USA		Zip 33843 - Country USA	
4292004 Chg-P CR2E034 (10/03)		4. FEI Number 59-3705908	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TROUTMAN, BAXTER 30 SUN RAY PLAZA FROSTPROOF, FL 33843		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 205 N. Scenic Hwy Suite 100 City Frostproof FL Zip Code 33843	
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: <i>Stuart C. Troutman</i> Stuart C. Troutman 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: TROUTMAN, BAXTER G STREET ADDRESS: 30 SUN RAY PLAZA CITY-ST-ZIP: FROSTPROOF, FL 33843	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Vice President STREET ADDRESS: P.O. Box 995 CITY-ST-ZIP: Frostproof, FL 33843	TITLE: D <input checked="" type="checkbox"/> Delete NAME: MATTESON, BRYONG STREET ADDRESS: 30 SUN RAY PLAZA CITY-ST-ZIP: FROSTPROOF, FL 33843	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Secretary/Treasurer STREET ADDRESS: P.O. Box 995 CITY-ST-ZIP: Frostproof, FL 33843
TITLE: D <input type="checkbox"/> Delete NAME: TROUTMAN, STUART C STREET ADDRESS: 30 SUN RAY PLAZA CITY-ST-ZIP: FROSTPROOF, FL 33843	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: President STREET ADDRESS: P.O. Box 995 CITY-ST-ZIP: Frostproof, FL 33843	TITLE: D <input type="checkbox"/> Delete NAME: CROSS, ALBERT STREET ADDRESS: 30 SUN RAY PLAZA CITY-ST-ZIP: FROSTPROOF, FL 33843	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Vice President STREET ADDRESS: Robert C. Albetton, Jr. CITY-ST-ZIP: P.O. Box 995 Frostproof, FL 33843
TITLE: D <input checked="" type="checkbox"/> Delete NAME: HOOD, LISA STREET ADDRESS: 30 SUN RAY PLAZA CITY-ST-ZIP: FROSTPROOF, FL 33843	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: D <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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: <i>Stuart C. Troutman</i> Stuart C. Troutman 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>		863-635-6650 <small>Daytime Phone #</small>	

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