

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015840

FILED
Apr 29, 2009
Secretary of State

Entity Name: EMPLOYEE LEASING OPTIONS, INC.

Current Principal Place of Business:

4709 CRUMP RD. UNIT 3
LAKE HAMILTON, FL 33851

New Principal Place of Business:

Current Mailing Address:

PO BOX 488
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-3705908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUTMAN, BAXTER
212 1ST STREET S
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

TROUTMAN, STUART C
4709 CRUMP RD UNIT 3
LAKE HAMILTON, FL 33851 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: STUART C TROUTMAN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TROUTMAN, BAXTER G
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: ST () Delete
Name: TROUTMAN, STUART C
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: CROSS, ALBERT
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

Title: VP () Delete
Name: ALBRITTON, ROBERT C JR
Address: PO BOX 488
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STUART C TROUTMAN

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date