

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0690742 FP

DOCUMENT # P01000015840

1. Entity Name
LABOR SOLUTIONS STAFFING SERVICES, INC.



04-30-2003 90049 037 ***150.00

Principal Place of Business
30 SUN RAY PLAZA
FROSTPROOF FL 33843

Mailing Address
30 SUN RAY PLAZA
FROSTPROOF FL 33843

11027215



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3705908

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUTMAN, BAXTER
30 SUN RAY PLAZA
FROSTPROOF FL 33843

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 *Baxter Troutman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME TROUTMAN, BAXTER G
STREET ADDRESS 30 SUN RAY PLAZA
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME MATTESON, BRYON G
STREET ADDRESS 30 SUN RAY PLAZA
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME TROUTMAN, STUART C
STREET ADDRESS 30 SUN RAY PLAZA
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME CROSS, ALBERT
STREET ADDRESS 30 SUN RAY PLAZA
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME HOOD, LISA
STREET ADDRESS 30 SUN RAY PLAZA
CITY-ST-ZIP FROSTPROOF FL 33843

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 title empowered.

SIGNATURE:

Baxter Troutman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

Daytime Phone #

CR2E034 (10/02)