2007 FOR PROFIT CORPORATION

FILED Feb 26, 2007 8:00 am **Secretary of State**

02-26-2007 90069 017 ***150.00

200710	ANNUAL REPORT	•

DOCUMENT # P03000004865 SOUTHEASTERN STAFFING II, INC. Mailing Address Principal Place of Business 40024410 3350 BUSHWOOD PARK DR 3350 BUSHWOOD PARK DR STE 200 STE 200 **TAMPA, FL 33618** TAMPA, FL 33618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 81-0565020 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOCH, TERRY Street Address (P.O. Box Number is Not Acceptable) 3350 BUSHWOOD PARK DR **STE 200** TAMPA, FL 33618 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE Delete TITLE ☐ Change ■ Addition NAME BRILL, HOWARD NAME STREET ADDRESS 10375 PARK MEADOW DR STE 375 STREET ADDRESS CITY-ST-ZIP LITTLETON, CO 80124 CITY-ST-ZIP FVP Delete TITLE TITLE Change Addition LARKIN, ROBERT NAME NAME 3350 BUSCHWOOD PARK DR STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP EVP Delete TITLE ☐ Change ■ Addition TITLE NAME KOCH, TERRY NAME STREET ADDRESS 3350 BUSCHWOOD PARK DR STE 200 STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP **TAMPA, FL 33618** ☐ Delete TITLE Change Addition TITLE KOCH, TERRY NAME NAME 3350 BUSCHWOOD PARK DR STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition EV/P Change . TITLE NAME HOLLENBACH, DAN NAME STREET ADDRESS STREET ADDRESS 10375 PARK MEADOW DR STE 375 CITY-ST-ZIP CITY-ST-ZIP LITTLETON, CO 80124 ☐ Delete TITLE Change Addition TITLE HOLLENBACH, DAN NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS CITY-ST-7/P

10375 PARK MEADOW DR STE 375

LITTLETON, CO 80124

TED NAME OF SIGNING OFFICER OR DIRECTOR