

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087205

FILED
Apr 27, 2005
Secretary of State

Entity Name: ADVANTAGE EMPLOYER SOLUTIONS II, INC.

Current Principal Place of Business:

1911 US HWY. 301 NORTH, SUITE 450
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1911 US HWY. 301 NORTH, SUITE 450
TAMPA, FL 33619

New Mailing Address:

FEI Number: 87-0711718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
106 SOUTH TAMPANIA AVE., SUITE 200
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARPER, WILLIAM
Address: 1911 US HWY. 301 NORTH, SUITE 450
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: HARPER, STEVEN D
Address: 4311 ROBIN LANE
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: LIESS, ROBERT M
Address: 2602 W SAM ALLEN RD
City-St-Zip: PLANT CITY, FL 33565

Title: COO () Delete
Name: SMITH, J E
Address: 13811 WHISPERWOOD DR
City-St-Zip: CLEARWATER, FL 33762

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 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 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: STEVE HARPER

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date