2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000081462

1. Entity Name
ALLSTAFF PAYROLL, INC.

Principal Place of Business	Mailing Address
2101 N 9TH AVE PENSACOLA, FL 32503	2101 N 9TH AVE PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

02112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3214402	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGALL, BILL
2101 N 9TH AVE
PENSACOLA, FL 32503

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	AGALL, BILL
STREET ADDRESS	2101 N 9TH AVE
CITY-ST-ZIP	PENSACOLA, FL 32503

U00000052888
02/16/04-80110-003 150.00

TITLE	
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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:_____   2/12/04   850-438-1863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #