

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033498

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: ALL STAFFING SERVICES, INC.

**Current Principal Place of Business:**

2654 WOLF HOLLOW DRIVE  
PONCE DE LEON, FL 32455 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245  
PONCE DE LEON, FL 32455 US

**New Mailing Address:**

2654 WOLF HOLLOW DRIVE  
PONCE DE LEON, FL 32455 US

FEI Number: 65-0745009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORVILLO, JOSEPH  
2654 WOLF HOLLOW DRIVE  
PONCE DE LEON, FL 32455 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SORVILLO, JOSEPH  
Address: 2654 WOLF HOLLOW DRIVE  
City-St-Zip: PONCE DE LEON, FL 32455 US

Title: VS  
Name: SORVILLO, CAROL A  
Address: 2654 WOLF HOLLOW DRIVE  
City-St-Zip: PONCE DE LEON, FL 32455 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH SORVILLO

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date