

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059726

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: ALLSTAFF, INC.

**Current Principal Place of Business:**

9800 4TH ST. N.  
STE. #101  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9800 4TH ST. N.  
STE. #101  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number: 65-0764932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOLTICOFF, THOMAS D  
9800 FOURTH STREET N.  
SUITE 101  
SAINT PETERSBURG, FL 33702 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOTICOFF, THOMAS D  
Address: 9800 4TH ST NORTH STE 101  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VP ( ) Delete  
Name: TRAVELER, MELANIE  
Address: 9800 4TH ST NORTH STE 101  
City-St-Zip: SAINT PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOLTICOFF, THOMAS D  
Address: 9800 4TH ST NORTH STE 101  
City-St-Zip: SAINT PETERSBURG, FL 33702

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: THOMAS D. BOLTICOFF

P

06/30/2004

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

\_\_\_\_\_ Date