

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000008292

Entity Name: EMPLOYEE LEASING OPTIONS, INC.

Current Principal Place of Business:

912 PERRIN AVE. NW
WINTER HAVEN, FL 33881

Current Mailing Address:

P.O. BOX 422
FROSTPROOF, FL 33843 US

FEI Number: 27-1773098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS, ALBERT
912 PERRIN AVE NW
WINTER HAVEN, FL 33881 US

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

Officer/Director Detail :

Title P
Name CROSS, ALBERT
Address 912 PERRIN AVE. NW
City-State-Zip: WINTER HAVEN FL 33881

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: ALBERT CROSS

PRESIDENT

04/15/2018

Electronic Signature of Signing Officer/Director Detail

Date