

**2017 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**

**04/17/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date