

**2015 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 1458  
WINTER HAVEN, FL 33882

**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

Title            VP  
Name            TROUTMAN, STUART  
Address        2701 TREASURE CAY LANE  
City-State-Zip: SEBRING FL 33875

*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 L. CROSS**

**PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date