

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000008292

**Entity Name:** EMPLOYEE LEASING OPTIONS, INC.

**Current Principal Place of Business:**

1602 8TH STREET SE  
WINTER HAVEN, FL 33880

**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  
1602 8TH STREET SE  
WINTER HAVEN, FL 33880 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 1602 8TH STREET SE  
City-State-Zip: WINTER HAVEN FL 33880

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 C CROSS**

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date