

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000033498

**Entity Name:** ALL STAFFING SERVICES, INC.

**Current Principal Place of Business:**

2654 WOLF HOLLOW DRIVE  
SORVILLO  
PONCE DE LEON, FL 32455

**Current Mailing Address:**

2654 WOLF HOLLOW DRIVE  
PONCE DE LEON, FL 32455 US

**FEI Number: 65-0745009**

**Certificate of Status Desired: No**

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

SORVILLO, JOSEPH  
2654 WOLF HOLLOW DRIVE  
PONCE DE LEON, FL 32455 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            SORVILLO, JOSEPH  
Address        2654 WOLF HOLLOW DRIVE  
City-State-Zip: PONCE DE LEON FL 32455

Title            VS  
Name            SORVILLO, CAROL A  
Address        2654 WOLF HOLLOW DRIVE  
City-State-Zip: PONCE DE LEON FL 32455

*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: JOSEPH SORVILLO**

**PRESIDENT**

**02/26/2014**

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

\_\_\_\_\_  
Date