

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 542912

FILED  
Apr 26, 2011  
Secretary of State

Entity Name: WAL-STAF SERVICES, INC.

**Current Principal Place of Business:**

4140 N W 27TH LANE UNIT F  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

4140 NW 27TH LANE UNIT F  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4140 N W 27TH LANE UNIT F  
GAINESVILLE, FL 32606

**New Mailing Address:**

4140 NW 27TH LANE UNIT F  
GAINESVILLE, FL 32606

FEI Number: 59-1753926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALTHER, R.H.  
4140 N.W. 27TH LN.#F  
GAINESVILLE, FL 32606 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALTHER, ROBERT H.  
Address: 4140 NW 27TH LANE UNIT F  
City-St-Zip: GAINESVILLE, FL 32606

Title: D  
Name: WALTHER, NANCY  
Address: 4140 NW 27TH LANE UNIT F  
City-St-Zip: GAINESVILLE, FL 32606

Title: TD  
Name: QUIRK, ERIKA W  
Address: 4140 NW 27TH LANE UNIT F  
City-St-Zip: GAINESVILLE, FL 32606

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: ERIKA W. QUIRK

TD

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date