

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000241

FILED
Apr 26, 2004
Secretary of State

Entity Name: JFC PRO TEMPS, INC.

Current Principal Place of Business:

1520 MARKET STREET
CAMP HILL, PA 170114815

New Principal Place of Business:

Current Mailing Address:

1520 MARKET STREET
CAMP HILL, PA 170114815

New Mailing Address:

FEI Number: 25-1695448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMPOGNA, CHRISTOPHER
9935 SW 41ST ROAD
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

CUSTER, AMY
802 NW 16TH AVE
GAINESVILLE, FL 32601 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: AMY CUSTER

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARCHIDI, LINDA
Address: 60 HIGH RIDGE TRAIL
City-St-Zip: MECHANICSBURG, PA 17055

Title: V () Delete
Name: CARCHIDI, JAMES F JR.
Address: 60 HIGH RIDGE TRAIL
City-St-Zip: MECHANICSBURG, PA 17055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA CARCHIDI

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date