


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 047 ***150.00

DOCUMENT # F01000000226	
1. Entity Name AMERI-FORCE LABOR SERVICES, INC.,	

Principal Place of Business 9485 REGENCY SQ BLVD SUITE 340 JACKSONVILLE, FL 32225	Mailing Address 9485 REGENCY SQ BLVD SUITE 340 JACKSONVILLE, FL 32225
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40008378



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3684324		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SELF, DONALD R AMERI-FORCE, INC. 9485 REGENCY SQ BLVD, SUITE 340 JACKSONVILLE, FL 32225		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Don Self DATE 1/11/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURSO, SEBASTIAN P 9485 REGENCY SQ BLVD, STE 340 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>See Attachment "A"</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SELF, DONALD R 9485 REGENCY SQ BLVD, STE 340 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MS DRSELF 1/11/08 9048011452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40008378

~~HF0100000026~~

Attachment "A"

Schedule of Officers and Directors
Ameri-Force Labor Services, Inc

Title: P/D
Name: Keenan, Mike
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225

Title: S/T
Name: Self, Don
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225

Title: D
Name: Turso, Sal
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225

Title: D
Name: Arbizzani, John
Address: 9485 Regency Square Boulevard, Suite 300
City-ST-Zip: Jacksonville, FL 32225