

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000226

FILED
Apr 02, 2009
Secretary of State

Entity Name: AMERI-FORCE LABOR SERVICES, INC.,

Current Principal Place of Business:

9485 REGENCY SQ BLVD
SUITE 340
JACKSONVILLE, FL 32225

Current Mailing Address:

9485 REGENCY SQ BLVD
SUITE 340
JACKSONVILLE, FL 32225

New Principal Place of Business:

9485 REGENCY SQ BLVD
SUITE 300
JACKSONVILLE, FL 32225

New Mailing Address:

9485 REGENCY SQ BLVD
SUITE 300
JACKSONVILLE, FL 32225

FEI Number: 59-3684324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELF, DONALD R
AMERI-FORCE, INC.
9485 REGENCY SQ BLVD, SUITE 340
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

SELF, DONALD R
AMERI-FORCE, INC.
9485 REGENCY SQ BLVD, SUITE 300
JACKSONVILLE, FL 32225 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:

04/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEENAN, MIKE
Address: 9485 REGENCY SQUARE BOULEVARD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST () Delete
Name: SELF, DON
Address: 9485 REGENCY SQUARE BLVD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: TURSO, SAL
Address: 9485 REGENCY SQUARE BLVD STE 300
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: ARBIZZANI, JOHN
Address: 9485 REGENCY SQUARE BLVD STE 300
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEENAN, MIKE
Address: 9485 REGENCY SQUARE BLVD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: O (X) Change () Addition
Name: ELGIN, HELTON
Address: 9485 REGENCY SQUARE BLVD STE 300
City-St-Zip: JACKSONVILLE, FL 32225

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DON SELF

ST

04/02/2009

Electronic Signature of Signing Officer or Director

Date