



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 023 ***150.00

DOCUMENT # F01000001102 1. Entity Name ABLEST INC.					
Principal Place of Business 1901 ULMERTON RD, #300 CLEARWATER, FL 33762			Mailing Address 1901 ULMERTON RD, #300 CLEARWATER, FL 33762		
2. Principal Place of Business <i>1511 N Westshore Blvd.</i>		3. Mailing Address <i>1511 N Westshore Blvd.</i>		 04102006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. <i>Suite 900</i>		Suite, Apt. #, etc. <i>Suite 900</i>			
City & State <i>TAMPA, FL</i>		City & State <i>TAMPA, FL</i>			
Zip <i>33607</i>		Zip <i>33607</i>			
4. FEI Number 65-0978462				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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<input checked="" type="checkbox"/> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB HEIST III, CHARLES H 1901 ULMERTON RD SUITE 300 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCB FOSTER, W. DAVID 1901 ULMERTON RD, SUITE 300 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MOORE, KURT R 1901 ULMERTON RD SUITE 300 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO LOMBARDO, VINCE 1901 ULMERTON RD SUITE 300 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPHR GARDNER, NOLAN 1901 ULMERTON RD SUITE 300 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, DONNA R 1901 ULMERTON RD SUITE 300 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CB/D <i>1511 N Westshore Blvd, Suite 900</i> <i>TAMPA, FL 33607</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCB/D <i>1511 N Westshore Blvd, Suite 900</i> <i>TAMPA, FL 33607</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/CEO/D <i>1511 N Westshore Blvd, Suite 900</i> <i>TAMPA, FL 33607</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPHR/JS <i>1511 N Westshore Blvd, Suite 900</i> <i>TAMPA, FL 33607</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>1511 N Westshore Blvd, Suite 900</i> <i>TAMPA FL 33607</i>	<input checked="" 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: <i>Nolan Gardner</i> Nolan Gardner <i>4/19/06</i> 813-830-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40067454
FD1000001102

Ablest Inc.
Federal ID # 65-0978462

Listing of Directors

Name	Position and Office with Registrant	Address
Charles H. Heist, III	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
W. David Foster	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
Kurt R. Moore	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
✓ Richard W. Roberson	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
Donna R. Moore	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
✓ Ronald K. Leirvik	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607
✓ Charles E. Scharlau	Director	1511 N Westshore Blvd. Ste 900 Tampa, FL 33607