2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90027 013 ***150.00

DOCUMENT # F02000001799

1. Entity Name
RESOLVE STAFFING, INC.

Principal Place of Business
105 N. FALKENBURG RD., SUITE B
TAMPA FL 33619

Mailing Address
PO BOX 89156
TAMPA FL 33689-0402

1st MOORE CR2E034 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
3235 OMNI DRIVE
Suite, Apt. #, etc.
City & State
CINCINNATI OH
Zip 45245
Country USA

4. FEI Number 33-0850639 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HEINEMAN, RONALD E
105 N. FALKENBURG RD., SUITE B
TAMPA FL 33619

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	QUATERMAN, DONALD E JR	NAME	QUARTERMAN, DONALD E JR
STREET ADDRESS	105 N. FALKENBURG RD,SUITE B	STREET ADDRESS	3235 OMNI DRIVE
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	CINCINNATI, OH 45245
TITLE	CHD ☐ Delete	TITLE	P CHD ☑ Change ☐ Addition
NAME	HEINEMAN, RONALD E	NAME	HEINEMAN, RONALD E
STREET ADDRESS	105 N. FALKENBURG RD, SUITE B	STREET ADDRESS	3235 OMNI DRIVE
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	CINCINNATI, OH 45245
TITLE	VPD ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	BROWN, WILLIAM A	NAME	BROWN, WILLIAM A
STREET ADDRESS	105 N. FALKENBURG RD., SUITE B	STREET ADDRESS	3235 OMNI DR
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	CINCINNATI, OH 45245
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 2-3-05 513-843-4243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #