

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003334

FILED  
Jan 26, 2004  
Secretary of State

Entity Name: AFFILIATED EMPLOYEE SERVICES INC.

## Current Principal Place of Business:

2070 MCGREGOR BLVD., STE. 5  
FT MYERS, FL 33901

## New Principal Place of Business:

9 NORTH DEL PRADO BOULEVARD  
CAPE CORAL, FL 33909

## Current Mailing Address:

2070 MCGREGOR BLVD., STE. 5  
FT MYERS, FL 33901

## New Mailing Address:

9 NORTH DEL PRADO BOULEVARD  
CAPE CORAL, FL 33909

FEI Number: 65-1004327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REAVES, RUSSELL  
2524 SW 30TH TERRACE  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

REAVES, RUSSELL  
9 NORTH DEL PRADO BOULEVARD  
CAPE CORAL, FL 33909 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:

01/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: REAVES, RUSSELL B  
Address: 2524 SW 30TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: CDT ( ) Delete  
Name: JUSTICE, DONALD R  
Address: 1103 FLORIDIAN COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: JUSTICE, JAMES W  
Address: 1103 FLORIDIAN COURT  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: REAVES, RUSSELL B  
Address: 9 NORTH DEL PRADO BOULEVARD  
City-St-Zip: CAPE CORAL, FL 33909

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

Title: VP (X) Change ( ) Addition  
Name: JUSTICE, JAMES W  
Address: 9 NORTH DEL PRADO BOULEVARD  
City-St-Zip: CAPE CORAL, FL 33909

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: RUSSELL B. REAVES

P

01/26/2004

Electronic Signature of Signing Officer or Director

Date