

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003334

FILED
Apr 23, 2007
Secretary of State

Entity Name: AFFILIATED EMPLOYEE SERVICES INC.

Current Principal Place of Business:

9 NORTH DEL PRADO BOULEVARD
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

9 NORTH DEL PRADO BOULEVARD
CAPE CORAL, FL 33909

New Mailing Address:

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
9 NORTH DEL PRADO BOULEVARD
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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: 9 NORTH DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: JUSTICE, DONALD R
Address: 1103 FLORIDIAN COURT
City-St-Zip: CAPE CORAL, FL 33904

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUSSELL B REAVES

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date