


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000005386</b> Entity Name <b>ALTERNATIVE STAFFING, INC.</b>	
--	---

<b>Principal Place of Business</b> 1455 REMOUNT RD. #1 NORTH CHARLESTON, SC 29406	<b>Mailing Address</b> 1455 REMOUNT RD. #1 NORTH CHARLESTON, SC 29406
---	---



01282004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 57-0982191	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
---

**DO NOT WRITE  
IN THIS SPACE**

**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, 2004 Fee will be \$550.00**

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

U00000150559  
05/04/04-80009-023 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CP LAKE, CRAIG W 1455 REMOUNT RD. #1 NORTH CHARLESTON, SC 29406
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VCVP CAPPELLINI, JANET L 1455 REMOUNT RD. #1 NORTH CHARLESTON, SC 29406
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T STEWART, JONATHAN G 1455 REMOUNT RD. #1 NORTH CHARLESTON, SC 29406
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:**  **Jonathan G Stewart**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/04**  
Date

**(843) 744-6040**  
Daytime Phone #