

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90112 001 ***300.00

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1. Entity Name

EMPLOYER EMPLOYEE SERVICES, INC.



Principal Place of Business

9 NORTH DEL PRADO BOULEVARD
CAPE CORAL FL 33909

Mailing Address

9 NORTH DEL PRADO BOULEVARD
CAPE CORAL FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-1146847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAVES, RUSSELL B
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

Name

Russell B Reaves

Street Address (P.O. Box Number is Not Acceptable)

9 North Del Prado Blvd

Cape Coral

City

FL

Zip Code

33909

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

4/6/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE PCS ☐ Delete
NAME REAVES, RUSSELL
STREET ADDRESS 9 NORTH DEL PRADO BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE DCT ☐ Delete
NAME JUSTICE, DONALD R
STREET ADDRESS 9 NORTH DEL PRADO BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE VP ☐ Delete
NAME JUSTICE, JAMES W
STREET ADDRESS 9 NORTH DEL PRADO BOULEVARD
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06 2395419611