

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001650

Entity Name: LAFORCE, INCORPORATED

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

1060 WEST MASON STREET
GREEN BAY, WI 54303

New Principal Place of Business:

Current Mailing Address:

PO BOX 10068
GREEN BAY, WI 54307

New Mailing Address:

FEI Number: 39-0980509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFORCE, JOSEPH
2026 LAUREL OAK DRIVE
PALM CITY, FL 34990 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: C () Delete
Name: MACMULLEN, JOHN
Address: 3733 LIBAL STREET
City-St-Zip: GREEN BAY, WI 54301

Title: VC () Delete
Name: LAFORCE, JOE
Address: 2026 LAUREL OAK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: LAFORCE, JAMES
Address: 320 W86 APT 8-A
City-St-Zip: NEW YORK, NY 10024

Title: T () Delete
Name: PRUSKI, JILL
Address: 1918 PIKE LANE
City-St-Zip: DE PERE, WI 54115

Title: P () Delete
Name: METZLER, KEN
Address: 2275 TORDEUR COURT
City-St-Zip: GREEN BAY, WI 54311

Title: VP () Delete
Name: MANNERING, BRIAN
Address: 1425 WEXFORD LANE
City-St-Zip: GREEN BAY, WI 54313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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: JILL M PRUSKI

T

01/05/2006

Electronic Signature of Signing Officer or Director

Date