

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90070 032 \*\*\*150.00

**DOCUMENT # F03000005659**

1. Entity Name  
**TEMPORARY HELP, INC.**



Principal Place of Business  
**47 PEPPERELL ROAD  
BROOKLINE, NH 03033**

Mailing Address  
**P.O. BOX 1370  
PEPPERELL, MA 01463**

**50027619**



2. Principal Place of Business  
**103 Cluff Crossing Rd  
Suite, Apt. #, etc.  
Apt. Q5**

3. Mailing Address  
**P.O. Box 629  
Suite, Apt. #, etc.**

03032005 Chg-P CR2E034 (10/03)

City & State  
**Salem, N.H.**

City & State  
**Salem, N.H.**

4. FEI Number  
**84-1618697**

Applied For  
Not Applicable

Zip  
**03079**

Country

Zip  
**03079**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCD  
MILLER, MILTON M  
47 PEPPERELL ROAD  
BROOKLINE, NH 03033** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
MILLER, MILTON M  
47 PEPPERELL ROAD  
BROOKLINE, NH 03033** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCD  
Miller Milton M.  
103 Cluff Crossing Road  
Salem, N.H. 03079** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
Miller, Milton M.  
103 Cluff Crossing Road  
Salem, N.H. 03079** ☒ Change ☐ Addition

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

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

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13a-

Printed Name