

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90082 002 ***150.00

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1. Entity Name

A-1 TEMPS, INC.



Principal Place of Business

3829 COCONUT PALM DR
TAMPA FL 33619
US

Mailing Address

3829 COCONUT PALM DRIVE
TAMPA FL 33619
US

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

58-2217015

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

HARRINGTON, JR T D
3829 COCONUT PALM DRIVE
TAMPA FL 33619

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PDC ☐ Delete
NAME KLINGHOFFER, MEL
STREET ADDRESS 3829 COCONUT PALM DR
CITY-ST-ZIP TAMPA FL 33619

TITLE S ☐ Delete
NAME ANA B ALFONSO
STREET ADDRESS 3829 COCONUT PALM DRIVE
CITY-ST-ZIP TAMPA FL 33619

TITLE VP ☐ Delete
NAME KLINGHOFFER, MELANIE
STREET ADDRESS 3829 COCONUT PALM DR
CITY-ST-ZIP TAMPA FL 33619

TITLE VP ☐ Delete
NAME DIXON, JEREMY
STREET ADDRESS 3829 COCONUT PALM DR
CITY-ST-ZIP TAMPA FL 33619

TITLE V ☐ Delete
NAME HARRINGTON, THOMAS D
STREET ADDRESS 3829 COCONUT PALM DR
CITY-ST-ZIP TAMPA FL 33619

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
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME V.P.
STREET ADDRESS
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

620-1661

Daytime Phone #