### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

### DOCUMENT # F96000003740

TAC PROFESSIONAL STAFFING SERVICES, INC.



Principal Place of Business

888 WASHINGTON STREET DEDHAM, MA 02026 US Mailing Address

P O BOX 9100

DEDHAM, MA 02027-9100 US

# **FILED** Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90124 044 \*\*\*150.00



| DO NOT WRITE IN THIS SPACE                                                                      |                                                                                                                           |                                                      |                 |                                                                                                                                                                                                                                  | 04012005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
|                                                                                                 |                                                                                                                           |                                                      |                 | 4                                                                                                                                                                                                                                | 4. FEI Number<br>04-3321419                                  |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | plicable     |
|                                                                                                 |                                                                                                                           |                                                      |                 | 5. Certificate of Status Desired                                                                                                                                                                                                 |                                                              |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | al*          |
|                                                                                                 | 6. Name and Address of Current Regis                                                                                      | tered Agent                                          |                 |                                                                                                                                                                                                                                  |                                                              |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |              |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                   |                                                                                                                           |                                                      | The state of    |                                                                                                                                                                                                                                  |                                                              | NOT<br>THIS      |                | a 100 电影                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | i - seriment |
| 8. The above the obligat                                                                        | e named entity submits this statement for the ptions of registered agent.                                                 | purpose of changing its register                     | ed office or re | registered a                                                                                                                                                                                                                     | igent, or bo                                                 | oth, in the Star | te of Florida. | l am familia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ar with, and a | accept       |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered |                                                                                                                           |                                                      |                 | e required wher                                                                                                                                                                                                                  | reinstating)                                                 |                  |                | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | - 1          |
|                                                                                                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00                                                               | Election Campaign Finar     Trust Fund Contribution. | ncing           | <b>\$5.00</b><br>Added to                                                                                                                                                                                                        | May Be<br>o Fees                                             |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |              |
| 10.                                                                                             | OFFICERS AND DIREC                                                                                                        | CTORS                                                |                 |                                                                                                                                                                                                                                  |                                                              |                  |                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | -1           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                     | PD DICAMILLO, GARY 888 WASHINGTON STREET DEDHAM, MA 02026 TCD BALSAMO, SALVATORE A 888 WASHINGTON STREET DEDHAM, MA 02026 |                                                      |                 |                                                                                                                                                                                                                                  |                                                              |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                           | D<br>COSTANTINI, VINCENT<br>888 WASHINGTON STREET<br>DEDHAM, MA 02026                                                     |                                                      |                 | ra e garaga kana da ka<br>Mara da kana d | DO                                                           | NOT              | WR             | ITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14 1           | , sie        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                           | S<br>ADDORISIO, PAUL<br>888 WASHINGTON STREET<br>DEDHAM, MA 02026                                                         |                                                      |                 |                                                                                                                                                                                                                                  | IN                                                           | THIS             | SPA            | CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                           | D<br>SCHROEDER, JOHN<br>888 WASHINGTON STREET<br>DEDHAM, MA 02026                                                         |                                                      |                 |                                                                                                                                                                                                                                  |                                                              |                  | <u></u>        | n in tall of the control of the cont |                |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                           | D HELM, G. WILLIAM JR 888 WASHINGTON STREET DEDHAM, MA 02026                                                              |                                                      |                 |                                                                                                                                                                                                                                  |                                                              |                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |              |

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.

## ATTACHMENT

H0053607

TAC PROFESSIONAL STAFFING SERVICES, INC. 2005 FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #:

F96000003740-

FEDERAL ID#:

04-3321419

**LINE 11.** 

### LIST OF ADDITIONAL DIRECTORS

JOHN SAXTON 888 WASHINGTON ST. DEDHAM, MA 02026

JOHN MacKINNON 888 WASHINGTON ST. DEDHAM, MA 02026