

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 045 ***550.00

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05042005 Chg-P CR2E034 (10/03)

DOCUMENT # G20840					
1. Entity Name AMERICAN EMPLOYMENT AGENCY, INC.					
Principal Place of Business 115 EAST GEORGIA ST TALLAHASSEE, FL 32301		Mailing Address 115 EAST GEORGIA ST TALLAHASSEE, FL 32301			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2265821	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCONNELL, ELAINE F 1909 SHERWOOD DR TALLAHASSEE, FL 32303			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPITLER, DEBRA F		NAME		
STREET ADDRESS	5704 DAYFLOWER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOLMAR, MARK		NAME		
STREET ADDRESS	1687 GOOWOOD DR.		STREET ADDRESS	1687 Goodwood Drive	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	(Goodwood)	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONNELL, ELAINE F		NAME		
STREET ADDRESS	1909 SHERWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Debra Spitter</i>		Debra Spitter, mgr.		5-9-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



ATTACHMENT
50051873
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	G20840
Business Entity Name	AMERICAN EMPLOYMENT AGENCY, INC.
Original File Date	01/28/1983

FEI Number 59-2265821

Principal Address 115 EAST GEORGIA ST
TALLAHASSEE, FL 32301

Mailing Address 115 EAST GEORGIA ST
TALLAHASSEE, FL 32301

Registered Agent ELAINE F MCCONNELL
1909 SHERWOOD DR
TALLAHASSEE, FL 32303

Officer/Director Name And Address

P
DEBRA F SPITLER
5704 DAYFLOWER CIRCLE
TALLAHASSEE, FL 32311

V
MARK FOLMAR
1687 GOOWOOD DR.
TALLAHASSEE, FL

ST
MCCONNELL, ELAINE F
1909 SHERWOOD DR
TALLAHASSEE, FL

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.