


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 A
Secretary of State

DOCUMENT # G30209 1. Entity Name FLORAPERSONNEL, INC.	
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Principal Place of Business 1740 LAKE MARKHAM SANFORD LONGWOOD, FL 32271 US	Mailing Address C/O LEOEUF, LAMB, GREEN & MACRAE 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2278979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAHRA, ROBERT F. 1740 LAKE MARHAM ROAD SANFORD SANFORD, FL 32771
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**DO NOT WRITE
IN THIS SPACE**

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.

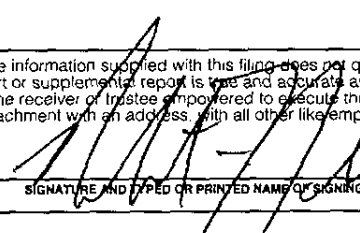
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) **2/28/05** DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000302936 04/13/05-80089-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZAHRA, ROBERT FOKES 1740 2K MARKHAM RD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZAHRA, ASHLEY MANNING 1740 2K MARKHAM RD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEVINE, JUDITH K 1740 LAKE MARKHAM RD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  **2/28/05** Date Daytime Phone #