## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30209

Title:

Name:

Address:

City-St-Zip:

( ) Delete

DEVINE, JUDITH K

SANFORD, FL 32771

1740 LAKE MARKHAM RD.

FILED Feb 21, 2008 Secretary of State

Entity Name: FLORAPERSONNEL, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1740 LAKE MARKHAM SANFORD, FL 32771 US	
Current Mailing Address:	New Mailing Address:
C/O LEBOEUF, LAMB, GREEN & MACRAE 50 NORTH LAURA STREET, SUITE 2800 JACKSONVILLE, FL 32202 US	1740 LAKE MARKHAM SANFORD, FL 32771 US
FEI Number: 59-2278979 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ZAHRA, ROBERT F. 1740 LAKE MARHAM ROAD SANFORD, FL 32771 US	ZAHRA, ROBERT F. 1740 LAKE MARKHAM ROAD SANFORD, FL 32771 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	02/21/2008
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DP ( ) Delete Name: ZAHRA, ROBERT FOKES, Address: 1740 LAKE MARKHAM RD City-St-Zip: SANFORD, FL 32771	Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
Title: ST () Delete Name: ZAHRA, ASHLEY MANNIN, G Address: 1740 LAKE MARHAM RD City-St-Zip: SANFORD, FL 32771	Title: ST (X) Change ( ) Addition  Name: ZAHRA, ASHLEY MANNIN, G  Address: 1740 LAKE MARKHAM RD  City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUDITH K. DEVINE V 02/21/2008

() Change () Addition