
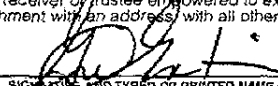


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J78073 1. Entity Name SUN COAST STAFFING, INC.		
Principal Place of Business 4350 WEST CYPRESS ST. STE. #101 TAMPA, FL 33607 US		Mailing Address 4350 WEST CYPRESS ST. STE. #101 TAMPA, FL 33607 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BURDEN, BRIAN A ESQ 120 SOUTH WILLOW AVE. TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000087587 03/15/04-80017-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ENTIN, GEORGE D. 4350 W. CYPRESS ST. #101 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTIN, J. SCOTT 10132 KINGSBRIDGE AVE. TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMERLY, JULIAN C JR 16120 S.W. 76TH AVE. SOUTH MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  G.D. ENTIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/5/04 813-22-1884 <small>Date Daytime Phone #</small>