

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90013 046 ***150.00

DOCUMENT # L40569

1. Entity Name
PERSONNEL OPTIONS, INC.



Principal Place of Business

**1325 RIDGE STREET
NAPLES, FL 34103 US**

Mailing Address

**1325 RIDGE STREET
NAPLES, FL 34103 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08182005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0171800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORGA, CATHY MICHELLE
1325 RIDGE ST.
NAPLES, FL 34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GORGA, CATHY MICHELLE**
STREET ADDRESS **1325 RIDGE STREET**
CITY-ST-ZIP **NAPLES, FL**

TITLE **PVT** ☐ Delete
NAME **GORGA, CATHY MICHELLE**
STREET ADDRESS **1325 RIDGE ST**
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Cathy Michelle Gorga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-05

Date

Daytime Phone #

Richard A. Gorga

CERTIFIED PUBLIC ACCOUNTANT

ATTACHMENT

50064605

The Jones Building
Suite #301
3435 10th Street North
Naples, Florida 34103
(239) 434-5529
FAX (239) 649-7108

August 29, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Personnel Options, Inc.
Ref. Number L40569

Dear Sir/Madam:

I am responding on behalf of my above named client regarding the late filing of the 2005 Annual Report. My client did not receive the postcard in the mail, indicating that an Annual Report must be filed, and instructions on how to obtain the Annual Report. When she received a notice from the Department of State, indicating that her Annual Report had not been filed, she immediately sent a check in the amount of \$150 to the Department of State. She did not realize that the document had to be filed with her payment. Enclosed, please find the 2005 Annual Report along with a check in the amount of \$150. Please abate the late fee of \$400 assessed, because of my client's unfamiliarity with the procedures of filing the Company's Annual Report.

Thank you for your consideration.

Sincerely,

Richard A. Gorga
Richard A. Gorga, CPA

CC: Personnel Options, Inc.



ATTACHMENT

52064605

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 18, 2005

PERSONNEL OPTIONS, INC.
P.O. BOX 8611
NAPLES, FL 34101 US

SUBJECT: PERSONNEL OPTIONS, INC.
Ref. Number: L40569

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 905A00052713