


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M96884</b> 1. Entity Name WAL-STAF TEMPORARY SERVICES, INC.	
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Principal Place of Business % ROBERT WALTHER 4140 N.W. 27TH LANE GAINESVILLE, FL 32606	Mailing Address % ROBERT WALTHER 4140 N.W. 27TH LANE GAINESVILLE, FL 32606
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6. Name and Address of Current Registered Agent  WALTHER, ROBERT 4140 N.W. 27TH LANE GAINESVILLE, FL 32606
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7. 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.
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALTHER, ROBERT H. 2526 NW 31ST TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTHER, NANCY 2526 NW 31ST TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTHER QUIRK, ERIKA 4222 NW 61ST TERR GAINESVILLE, FL 32606
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: <i>Erika W. Quirk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/04 352-378-8367 Date Daytime Phone #