

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96884

FILED
Feb 06, 2009
Secretary of State

Entity Name: WAL-STAF TEMPORARY SERVICES, INC.

Current Principal Place of Business:

ATTN ROBERT WALTHER
4140 N.W. 27TH LANE, STE. F
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

ATTN ROBERT WALTHER
4140 N.W. 27TH LANE, STE. F
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-2906682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTHER, ROBERT H
4140 N.W. 27TH LANE, STE. F
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTHER, ROBERT H
Address: 14055 NW 26TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: WALTHER, NANCY E
Address: 14055 NW 26TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: QUIRK, ERIKA W
Address: 4222 NW 61ST TERR
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ERIKA W. QUIRK

TD

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date