

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96884

FILED
Feb 02, 2012
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

OFFICERS AND DIRECTORS:

Title: PD
Name: WALTHER, ROBERT H
Address: 4140 N.W. 27TH LANE, STE. F
City-St-Zip: GAINESVILLE, FL 32606

Title: VD
Name: WALTHER, NANCY E
Address: 4140 N.W. 27TH LANE, STE. F
City-St-Zip: GAINESVILLE, FL 32606

Title: TD
Name: QUIRK, ERIKA W
Address: 4140 N.W. 27TH LANE, STE. F
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: ERIKA W. QUIRK

TD

02/02/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date