## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000000296

City-St-Zip:

ST. PETERSBURG, FL 33716

Entity Name: LABOR LINE SERVICES, INC.

FILED Apr 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4914 CREEKSIDE DRIVE 12425 28TH ST N SUITE A SUITE 103 CLEARWATER, FL 33760 US ST PETERSBURG, FL 33716 US **Current Mailing Address: New Mailing Address:** 12425 28TH ST N SUITE 103 ST PETERSBURG, FL 33716 US FEI Number: 59-3366212 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BREWTON, WILBUR E 225 SOUTH ADAMS STREET SUITE 250 TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition HOOVER, ROBIN C Name: Name: 1000 N. ASHLEY DR., STE. 600 Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: CEOD () Delete Title: () Change () Addition Name: DAVIS, PAMELA JO Name: Address: 12425 28TH STREET NORTH, STE. 103 Address: City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip: Title: () Delete Title: () Change () Addition KNIGHTLY, ESTHER R Name: Name: 12425 28TH STREET NORTH, STE. 103 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SMITH, ROBERT M Name: 12425 28TH STREET NORTH, STE. 103 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT M. SMITH T 04/22/2004