

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002006

FILED
Apr 14, 2004
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF TEMPORARY SERVICES ORGANIZATIONS, INC.

Current Principal Place of Business:

30750 U.S. 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4699
CLEARWATER, FL 33758

New Mailing Address:

FEI Number: 59-3590168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, DAVID A
30750 U.S. HWY. 19 NORTH
PALM HARBOR, FL 34684 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: D () Delete
Name: MONGELLUZZI, FRANK M
Address: 30750 US 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: MONGELLUZZI, CHRISTOPHER F
Address: 30750 US 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: MONGELLUZZI, ANNE
Address: 30750 US 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

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 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.

SIGNATURE: FRANK M MONGELLUZZI

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date