

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014801

Entity Name: ALL FLORIDA STAFFING, INC.

FILED
Apr 20, 2007
Secretary of State

Current Principal Place of Business:

2111 GARDEN ST
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

2111 GARDEN ST
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3635050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN, DAVID W
2111 GARDEN ST
TITUSVILLE, FL 32796 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: PT () Delete
Name: SWANN, DAVID W
Address: 779 KEENLAND PIKE
City-St-Zip: LAKE MARY, FL 32746

Title: VPS () Delete
Name: SWANN, NANCY H
Address: 779 KEENLAND PIKE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SWANN, DAVID W
Address: 925 BEVILLE RD UNIT 5
City-St-Zip: S. DAYTONA, FL 32119

Title: VPS (X) Change () Addition
Name: SWANN, NANCY H
Address: 925 BEVILLE RD UNIT 5
City-St-Zip: S. DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID W SWANN

PT

04/20/2007

Electronic Signature of Signing Officer or Director

Date