

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000018971

Entity Name: APPLICANT-SCREENING.COM, INC.

FILED
Nov 10, 2008
Secretary of State

Current Principal Place of Business:

205 FLAGSHIP DR
#3
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

205 FLAGSHIP DR
SUITE 3
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3634108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUASTELLA, JOHN
205 FLAGSHIP DR
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

WAVELET, JOEL
205 FLAGSHIP DR
3
LUTZ, FL 33549 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: JOEL WAVELET

11/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUASTELLA, JOHN
Address: 18718 LAKESHORE DR
City-St-Zip: LUTZ, FL 33549

Title: VPS () Delete
Name: GUASTELLA, ROSEMARY
Address: 18718 LAKESHORE DR
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: GUASTELLA, JOHN R JR
Address: 18718 LAKESHORE DR
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUASTELLA, JOHN R JR
Address: 18718 LAKESHORE DR
City-St-Zip: LUTZ, FL 33549

Title: VPS (X) Change () Addition
Name: WAVELET, JOEL
Address: 9901 JASMINE BROOK CIR
City-St-Zip: LAND O LAKES, FL 34638

Title: CIO (X) Change () Addition
Name: LANDAS, WENIFRED G
Address: 1226 TRAFALGAR DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JOEL WAVELET

VPS

11/10/2008

Electronic Signature of Signing Officer or Director

Date