

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000019703

1. Entity Name
AMORE STAFFING, INC.



Principal Place of Business
**8409 LAUREL FAIR CIRCLE, SUITE 103
TAMPA, FL 33610**

Mailing Address
**8409 LAUREL FAIR CIRCLE, SUITE 103
TAMPA, FL 33610**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3631639

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMORE, DAVID
8409 LAUREL FAIR CIRCLE, SUITE 103
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMORE, DAVID
STREET ADDRESS	8409 LAUREL FAIR CIRCLE #103
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	VP
NAME	AMORE, CHRISTINE
STREET ADDRESS	8409 LAUREL FAIR CIRCLE, #103
CITY - ST - ZIP	TAMPA, FL 33610
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/14/04-80016-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04
Date

813-2464200
Daytime Phone #