## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 15, 2004 8:00 am Secretary of State 07-15-2004 90001 026 \*\*\*150.00 DOCUMENT # P00000039577 1. Entity Name M.T.M. STAFFING, INC. 54062325 Principal Place of Business Mailing Address M.T.M STAFFING, INC. M.T.M. STAFFING, INC. 4141 W WATERS AVE P.O. BOX 21362 TAMPA, FL 33634 TAMPA, FL 33622 2. Principal Place of Business 3. Mailing Address 7026 W Hills boroug Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 7<sub>A</sub>mpA 59-3644141 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELL, MICHAEL A Address (P.O. Box Number is Not Acceptable) 18230 DOLLYBROOK LANE HY 115/00/2009 LUTZ, FL 33549 Zip Code 336.3Y 8. The above named entity submits this at 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 gistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed 9. Election Campaign Financing FILE NOW!!! FEE IS \$5\$0.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition TITLE TITLE Change NAME NAME BELL, MICHAEL A 18230 DOLLYBROOK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BELL TOMMY A NAME NAME 15109 LAUREL COVE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-7IP TITLE ☐ Change Addition TITLE Delete BELL, MELVIN J NAME NAME 6828 FOUNTAIN COURT STREET ADDRESS STREET ADDRESS TAMPA, FL 33634 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachmer with an address

FILED

Affachment 54062321-M.T.M. STAFFING, INC.

PO BOX 21362 **TAMPA, FL 33622** 

July 8, 2004

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

ID: P00000039577

Dear Sir,

Enclosed please find my Corporate Annual Report for the above listed corporation. I have also enclosed a check for \$150.00 for the annual fee. I recently received a Notice of Intent to Dissolve postcard. I am requesting that the late penalties be abated as I did not receive the original document from the state in order to file. I appreciate your prompt attention and help in resolving this matter.

Sincerely

MB/jj

enc.