

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 03, 2005 8:00 am**  
**Secretary of State**

01-03-2005 90090 002 \*\*\*150.00

**DOCUMENT # P00000048237**

1. Entity Name  
**TEMP STAFFING OF AMERICA INC.**



Principal Place of Business  
**752 BLANDING BLVD., STE 107  
ORANGE PARK, FL 32065**

Mailing Address  
**752 BLANDING BLVD., STE 107  
ORANGE PARK, FL 32065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3656102**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, STEPHEN  
752 BLANDING BLVD., STE 107  
ORANGE PARK, FL 32065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

**STEPHEN CARROLL**

(NOTE: Registered Agent signature required when reinstating)

**1-3-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CARROLL, STEPHEN  
1429 FLAGLER AVE  
JACKSONVILLE, FL 32207**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
CARROLL, STEPHEN  
752 BLANDING BLVD SUITE 107  
ORANGE PARK FL 32065**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN CARROLL**

**1-3-05**

Date

**904-333-4441**

Daytime Phone #