

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000082424**

1. Entity Name  
**AIRETEL STAFFING, INC.**



Principal Place of Business  
**415 MONTGOMERY ROAD  
SUITE #125  
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address  
**PO BOX 915864  
LONGWOOD, FL 32791 US**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2262773**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TERENZIO, ROBERT T  
629 SWEETWATER COVE BLVD SOUTH  
LONGWOOD, FL 32779**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**PDT  
TOMASO, ROBERT W.  
415 MONTGOMERY ROAD, SUITE #125  
ALTAMONTE SPRINGS, FL 32714**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDC  
TOMASO, RITA M.  
415 MONTGOMERY ROAD, SUITE #125  
ALTAMONTE SPRINGS, FL 32714**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80057-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rita M. Tomaso Rita M. Tomaso 4/17/07 407-788-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #