



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90335 033 \*\*\*150.00

<b>DOCUMENT # P00000086307</b> 1. Entity Name <b>ALL PRO EMPLOYMENT SERVICES, INC.</b>					
Principal Place of Business <b>6500 WINEGARD RD., #110A ORLANDO, FL 32809</b>			Mailing Address <b>6500 WINEGARD RD., #110A ORLANDO, FL 32809</b>		
2. Principal Place of Business <b>7216 CHANCERY LANE</b> Suite, Apt. #, etc. <b>Suite #1</b>		3. Mailing Address <b>7216 CHANCERY LANE</b> Suite, Apt. #, etc. <b>Suite #1</b>			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		04262004    Chg-P    CR2E034 (10/03)	
Zip    Country <b>32809    ORANGE</b>		Zip    Country <b>32809    ORANGE</b>		4. FEI Number <b>59-3668329</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOYER, PAUL V 6500 WINEGARD RD., #110 ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name <b>MOYER, Paul V</b> Street Address (P.O. Box Number is Not Acceptable) <b>118 WEST ORANGE STREET</b> City <b>ALT. SPRINGS</b> FL    Zip Code <b>32714</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMONT, JACQUELINE 2713 SPIVEY LANE ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOLEMBESKI, GARY 3471 AMACA CIR. ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAMONT, STACY JAMES 2713 SPIVEY LN ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Stacy J. Lamont</u> <b>STACY J. LAMONT</b> <b>4-26-04</b> <b>407-859-5888</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					