

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P00000086307

1. Entity Name
ALL PRO EMPLOYMENT SERVICES, INC.



Principal Place of Business
**7216 CHANERY LANE, STE 1
ORLANDO, FL 32809**

Mailing Address
**7216 CHANERY LANE, STE 1
ORLANDO, FL 32809**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3668329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOYER, PAUL V
118 WEST ORANGE STREET
ALTAMONTE SPRINGS, FL 32714**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**1000000551321
05/13/06-80094-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAMONT, JACQUELINE
STREET ADDRESS	2713 SPIVEY LANE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	DST
NAME	GOLEMBESKI, GARY
STREET ADDRESS	3471 AMACA CIR.
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	DVP
NAME	LAMONT, STACY JAMES
STREET ADDRESS	2713 SPIVEY LN
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Stacy J. Lamont **Stacy J. Lamont** 4/26/06 **407-859-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #