
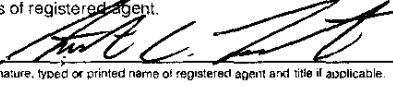
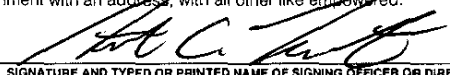


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91212 027 \*\*\*150.00

<b>DOCUMENT # P01000015840</b> 1. Entity Name <b>LABOR SOLUTIONS STAFFING SERVICES, INC.</b>			
Principal Place of Business <b>30 SUN RAY PLAZA FROSTPROOF, FL 33843</b>		Mailing Address <b>30 SUN RAY PLAZA FROSTPROOF, FL 33843</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>205 N. Scenic Hwy Ste 100</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 995</b>	
City & State <b>Frostproof FL</b>		City & State <b>Frostproof FL</b>	
Zip <b>33843</b>		Zip <b>33843</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3705908</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TROUTMAN, BAXTER 30 SUN RAY PLAZA FROSTPROOF, FL 33843</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>205 N. Scenic Hwy Suite 100</b> City <b>Frostproof FL</b> Zip Code <b>33843</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  <b>Stuart C. Troutman</b> <b>4/29/04</b> <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"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	Vice President
NAME	TROUTMAN, BAXTER G	NAME	P.O. Box 995
STREET ADDRESS	30 SUN RAY PLAZA	STREET ADDRESS	Frostproof, FL 33843
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MATTESON, BRYONG	NAME	
STREET ADDRESS	30 SUN RAY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	D	TITLE	Secretary/Treasurer
NAME	TROUTMAN, STUART C	NAME	P.O. Box 995
STREET ADDRESS	30 SUN RAY PLAZA	STREET ADDRESS	Frostproof, FL 33843
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	D	TITLE	President
NAME	CROSS, ALBERT	NAME	P.O. Box 995
STREET ADDRESS	30 SUN RAY PLAZA	STREET ADDRESS	Frostproof, FL 33843
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HOOD, LISA	NAME	
STREET ADDRESS	30 SUN RAY PLAZA	STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE		TITLE	Vice President
NAME		NAME	Robert C. Albetton, JR.
STREET ADDRESS		STREET ADDRESS	P.O. Box 995
CITY-ST-ZIP		CITY-ST-ZIP	Frostproof, FL 33843
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:  <b>Stuart C. Troutman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/29/04 863-635-6650</b> <small>Date Daytime Phone #</small>	

**24066323**

