


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000015840 1. Entity Name LABOR SOLUTIONS STAFFING SERVICES, INC.	
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Principal Place of Business 205 N. SCENIC HWY STE 100 FROSTPROOF, FL 33843	Mailing Address PO BOX 995 FROSTPROOF, FL 33843
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05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3705908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TROUTMAN, BAXTER 205 N. SCENIC HWY STE 100 FROSTPROOF, FL 33843

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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 Baxter Troutman (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEES \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TROUTMAN, BAXTER G PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TROUTMAN, STUART C PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSS, ALBERT PO BOX 995 FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALBEITTON, ROBERT C JR PO BOX 995 FROSTPROOF, FL 33843
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 exemption stated in Section 119.07(3)(f), 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: Baxter Troutman 5.16.05 863 635.6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #