

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90396 043 ***150.00

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1. Entity Name
LABOR SOLUTIONS STAFFING SERVICES, INC.



Principal Place of Business
**205 N. SCENIC HWY STE 100
FROSTPROOF, FL 33843**

Mailing Address
**PO BOX 995
FROSTPROOF, FL 33843**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3705908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TROUTMAN, BAXTER
205 N. SCENIC HWY STE 100
FROSTPROOF, FL 33843**

**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

Baxter Troutman

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

(NOTE: Registered Agent signature required when reinstating)

4.7.06

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

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

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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 or without other links empowered.

SIGNATURE:

Baxter Troutman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.7.06

Date

Daytime Phone #