

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015840

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: EMPLOYEE LEASING OPTIONS, INC.

## Current Principal Place of Business:

4709 CRUMP RD. UNIT 3  
LAKE HAMILTON, FL 33851

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 488  
FROSTPROOF, FL 33843

## New Mailing Address:

FEI Number: 59-3705908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TROUTMAN, BAXTER  
212 1ST STREET S  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

TROUTMAN, STUART C  
4709 CRUMP RD UNIT 3  
LAKE HAMILTON, FL 33851 US

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.

SIGNATURE: STUART C TROUTMAN

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: TROUTMAN, BAXTER G  
Address: PO BOX 488  
City-St-Zip: FROSTPROOF, FL 33843

Title: ST ( ) Delete  
Name: TROUTMAN, STUART C  
Address: PO BOX 488  
City-St-Zip: FROSTPROOF, FL 33843

Title: P ( ) Delete  
Name: CROSS, ALBERT  
Address: PO BOX 488  
City-St-Zip: FROSTPROOF, FL 33843

Title: VP ( ) Delete  
Name: ALBRITTON, ROBERT C JR  
Address: PO BOX 488  
City-St-Zip: FROSTPROOF, FL 33843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART C TROUTMAN

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date