

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049755

FILED
Apr 18, 2009
Secretary of State

Entity Name: STAFFING OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

2730 US 1 SOUTH
SUITE B
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2730 US 1 SOUTH
SUITE B
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3719797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASS, JOSHUA
60 SURFVIEW DR.
UNIT 812
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: KASS, JOSHUA
Address: 60 SURFVIEW DR., UNIT 812
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: KASS, THERESA
Address: 60 SURFVIEW DR., UNIT 812
City-St-Zip: PALM COAST, FL 32137

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KASS, JOSHUA
Address: 60 SURFVIEW DR., UNIT 812
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: KASS, THERESA
Address: 60 SURFVIEW DR., UNIT 812
City-St-Zip: PALM COAST, FL 32137

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: JOSHUA KASS

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date