## 2005 FOR PROFIT CORPORATION ANNUAL-REPORT

changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE

SIGNATURE:

## May 03, 2005 08:00 AM Secretary of State DOCUMENT # P01000076514 1. Entity Name FEDÉRAL FAST 24 HOUR RESUME SERVICE, INC. Principal Place of Business Mailing Address 3765 BESS ROAD 3765 BESS ROAD JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 04302005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2269138 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DURAN, CARMEN L DO NOT WRITE 3765 BESS ROAD JACKSONVILLE, FL 32277 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS CEOP TITLE BOGARD, L.C. 11) NAME STREET ADDRESS 3765 BESS RD CITY-ST-7IP JACKSONVILLE, FL 32277 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I tereby certify that the information supplied with this filling 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

**FILED**