

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90274 029 ***150.00

DOCUMENT # P01000091243

1. Entity Name
**SKILL STAFF EMPLOYMENT AND TRAINING CENTER,
INC.**



Principal Place of Business Mailing Address
5700 N DAVIS HIGHWAY 826 Creighton Rd
#103A **5700 N DAVIS HIGHWAY #103-A**
PENSACOLA, FL 32503-2057 **PENSACOLA, FL 32503-2057**
32504 **32504**

DO NOT WRITE IN THIS SPACE

04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3742646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, WILLIAM J
4300 BAYOU BLVD, STE 13
PENSACOLA, FL 32503-2671

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **BP VP**
NAME **REGER, STEPHANIE**
STREET ADDRESS **5700 N DAVIS HIGHWAY 826 Creighton Rd**
CITY-ST-ZIP **PENSACOLA, FL 32503-2057 #103A**
32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephanie Reger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 (850) 478-7450

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**