

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095123

Entity Name: EXP STAFFING, INC.

FILED  
Apr 25, 2004  
Secretary of State

## Current Principal Place of Business:

7380 SAND LAKE ROAD  
STE 360  
ORLANDO, FL 32819 US

## Current Mailing Address:

BOX 50-295  
7512 DR PHILLIPS BLVD  
ORLANDO, FL 32819

## New Principal Place of Business:

7061 GRAND NATIONAL DR  
SUITE 107-B  
ORLANDO, FL 32819 US

## New Mailing Address:

FEI Number: 30-0025744      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAMER, CHARLES W  
1411 EDGEWATER DR., STE. 100  
ORLANDO, FL 32804 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: P/D ( ) Delete  
Name: COHEN, LAWRENCE MR  
Address: 3318 BELLINGTON DR.  
City-St-Zip: ORLANDO, FL 32835

Title: V/D ( ) Delete  
Name: BOBET, SETH M MR  
Address: 9259 NORTHLAKE PKWY  
City-St-Zip: ORLANDO, FL 32827 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: COHEN, LAWRENCE P MR  
Address: 7512 DR PHILLIPS BLVD PMB 50-295  
City-St-Zip: ORLANDO, FL 32819

Title: V/D (X) Change ( ) Addition  
Name: BOBET, SETH M MR  
Address: 7512 DR PHILLIPS BLVD PMB 50-295  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAWRENCE P COHEN

PRES

04/25/2004

Electronic Signature of Signing Officer or Director

Date