

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104382

FILED  
Feb 02, 2005  
Secretary of State

Entity Name: ACTION STAFFING SOLUTIONS, INC.

**Current Principal Place of Business:**

705 NORTH LAKE PARKER AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2727  
LAKELAND, FL 338062727

**New Mailing Address:**

FEI Number: 01-0553195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WRIGHT, H. JEAN  
705 NORTH LAKE PARKER AVE  
LAKELAND, FL 33801      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: D      ( ) Delete  
Name: WRIGHT, H. JEAN  
Address: 705 NORTH LAKE PARKER AVE  
City-St-Zip: LAKELAND, FL 33801

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      ( ) Change (X) Addition  
Name: CORNELIUS, KARREN A  
Address: 705 NORTH LAKE PARKER AVE  
City-St-Zip: LAKELAND, FL 33801

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: H JEAN WRIGHT

D

02/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date