## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS **4275 MARIAH CIRCLE** 

FT. PIERCE, FL 34947

## Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P01000119376 ISLAND STYLE STAFFING, INC. Principal Place of Business Mailing Address **4275 MARIAH CIRCLE 4275 MARIAH CIRCLE** FT. PIERCE, FL 34947 FT. PIERCE, FL 34947 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26:0034577 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOCK, GORDON C DO NOT WRITE **4275 MARIAH CIRCLE** FT. PIERCE, FL 34947 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 accer. 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) 9. Election Campaign Financing \$5.00 May Be FILE.NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000919849 <del>05/14/08-80020-008-150.00</del> 10. OFFICERS AND DIRECTORS TITLE **PRES** NAME MOCK, GORDON C STREET ADDRESS 4275 MARIAH CIRCLE CITY-ST-ZIP FT. PIERCE, FL 34947 TITLE MOCK, SUSAN I

## DO NOT WRITE IN THIS SPACE

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in the receiver of the receiver of 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 in the receiver of 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 in the receiver of 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 in the receiver of 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 in the receiver of 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 in the receiver of 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 in the receiver of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of t changed, or on an attachment with an address, with all other like empowered.