

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005782

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: ALL SERVICE TEMPORARIES, INC.

**Current Principal Place of Business:**

7211 N. HIMES AVE.  
TAMPA, FL 33614

**New Principal Place of Business:**

8370 W. HILLSBOROUGH AVE.  
102  
TAMPA, FL 33615

**Current Mailing Address:**

5026 PARRISH LANE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 75-2970806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARANA-ANDERSEN, MARY  
5026 PARRISH LANE  
SAFETY HARBOR, FL 34695

**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 ( ) Delete  
Name: ARANA-ANDERSEN, MARY  
Address: 5026 PARRISH LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

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

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

Title: P/T (X) Change ( ) Addition  
Name: ARANA-ANDERSEN, MARY  
Address: 5026 PARRISH LANE  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V/S ( ) Change (X) Addition  
Name: LOPEZ, VICTORIA  
Address: 843 MORNING STAR DR.  
City-St-Zip: LAKE LAND, FL 33810

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: MARY ARANA-ANDERSEN

P/T

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date