

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023337

Entity Name: CINERGY STAFFING, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

1900 W. COMMERCIAL BLVD.
SUITE 133
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16056
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 74-3030688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLINGTON, LARRY
1900 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309

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: GRZYUNA, GREGORY
Address: 680 N.W. 73RD TERRACE
City-St-Zip: PLANTATION, FL 33317

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRZYWNA, GREGORY
Address: 840 N.W. 116TH AVENUE
City-St-Zip: PLANTATION, FL 33325

Title: D () Change (X) Addition
Name: GRZYWNA, ADA
Address: 840 N.W. 116TH AVENUE
City-St-Zip: PLANTATION, FL 33325

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: GREG GRZYWNA

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date