## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P02000078533 07-26-2007 90030 012 \*\*\*150.00 STAFFING EXCELLENCE, INC. Principal Place of Business Mailing Address 2714 4TH COURT 2714 4TH COURT PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number 45-0482876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNIS, JOHN P Street Address (P.O. Box Number is Not Acceptable) **2714 4TH COURT** PALM HARBOR, FL 34684 City Zip Code 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 accept 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) DATE \$5.00 May Be FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 14, 2007 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CST TITLE TITLE □ Delete ☐ Addition CEO NAME ANNIS, JOHN NAME STREET ADDRESS 2714 4TH CT STREET ADDRESS PALM HARBOR, FL 34684 CiTY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME SESTAK, SCOTT NAME 1430 SCOTCH PINE DR STREET ADDRESS STREET ADDRESS 10265 GANDY BOULEVARD N. ST PETERSBURG, FL 33702 CITY-ST-ZIP BRANDON, FL 35511 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2tP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 mostlee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 26, 2007 8:00 am

ATTACHMENT 40127156

## 1902 0005 78533

Countryside Accounting Tax Services

3481 Northridge Dr. Clearwater, FL 33761 Phone (727) 785-5093 Fax (727) 785-5496 Cruise 1997 (&msn.com

July/22/2007

Dear Division of Corporations

Enclosed please find the Annual Report Form for Staffing Excellence. Neither the taxpayer or myself have any recollection of receiving the original filing card.

When I went to file the Second Notice card your site told me I was temporarily unable to print it out. Several days later I was successful in printing out a copy which is herein enclosed..

Respectfully,

S. A Tingley,

Accountant for the company

Joylin P. Annis

Staffing Excellence