
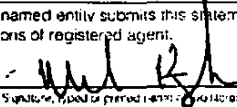



**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90025 034 \*\*\*150.00

<b>DOCUMENT # P02000093211</b>					
1. Entity Name <b>PINNACLE STAFFING OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>290 AVENUE A NORTHWEST WINTER HAVEN FL 33881</b>			Mailing Address <b>POST OFFICE BOX 934 WINTER HAVEN FL 33882</b>		
2. Principal Place of Business - No P.C. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3871760</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TURNER, MARK G 255 MAGNOLIA AVENUE SOUTHWEST WINTER HAVEN FL 33880</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 			DATE <b>3/11/08</b>		
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KINGHAM, MARK R</b>		NAME		
STREET ADDRESS	<b>POST OFFICE BOX 934</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL 33882</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: <b>3/11/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		