


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90053 016 \*\*\*150.00

<b>DOCUMENT # P02000104562</b> 1. Entity Name <b>MEDICAL STAFFING SOURCE OF AMERICA INC.</b>					
Principal Place of Business <b>2851 RAMPORT CIR CLEARWATER FL 33761</b>			Mailing Address <b>PO BOX 3490 CLEARWATER BEACH FL 33767</b>		
2. Principal Place of Business <b>2304 Messenger Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 3490</b> Suite, Apt. #, etc.			
City & State <b>Safety Harbor FL</b>		City & State <b>Clearwater Beach FL</b>		4. FEI Number <b>11-3659160</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <b>34695</b>	Country <b>USA</b>	Zip <b>33767</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>KANE, DOUGLAS 1621 GULF BLVD #108 CLEARWATER FL 33767</b>				7. Name and Address of New Registered Agent Name <b>Kane, Douglas</b> Street Address (P.O. Box Number is Not Acceptable) <b>2304 Messenger Circle</b> City <b>Safety Harbor</b> <b>FL</b> Zip Code <b>34695</b>	
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 <u><i>Douglas S Kane</i></u> <b>PRESIDENT</b> DATE <b>02/07/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VANS, DOUGLAS S</b> <b>2801 RAYMON CIR</b> <b>CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Douglas Kane</b> <b>2304 Messenger Circle</b> <b>Safety Harbor, FL 34695</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Douglas S Kane* **Douglas S. Kane** **2/07/04** **(727) 785-4556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #