

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022365

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: ALLIED STAFFING SOLUTIONS, INC.

## Current Principal Place of Business:

1500 COLONIAL BOULEVARD  
200  
FORT MYERS, FL 33907

## New Principal Place of Business:

13180 N CLEVELAND AVE  
STE 227  
N FORT MYERS, FL 33903

## Current Mailing Address:

1500 COLONIAL BOULEVARD  
200  
FORT MYERS, FL 33907

## New Mailing Address:

13180 N CLEVELAND AVE  
STE 227  
N FORT MYERS, FL 33903

FEI Number: 56-2347129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, ALEXIS  
13180 NORTH CLEVELAND AVENUE  
139  
NORTH FORT MYERS, FL 33903 US

## 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: D ( ) Delete  
Name: SMITH, JUDI  
Address: 5260 S. LANDING DRIVE, #1704  
City-St-Zip: FORT MYERS, FL 33919

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change ( ) Addition  
Name: SMITH, JUDI  
Address: 5260 S. LANDING DRIVE, #1704  
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Change (X) Addition  
Name: UTTLEY, THOMAS DR  
Address: 5260 S. LANDING DRIVE, #1704  
City-St-Zip: FORT MYERS, FL 33919

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: THOMAS UTTLEY

P

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date