

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032144

FILED
Apr 06, 2004
Secretary of State

Entity Name: STAFF MANAGEMENT SOLUTIONS II, INC.

Current Principal Place of Business:

1911 U.S. HIGHWAY 301 NORTH
SUITE 450
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1911 U.S. HIGHWAY 301 NORTH
SUITE 450
TAMPA, FL 33619

New Mailing Address:

FEI Number: 06-1684080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
106 SOUTH TAMPANIA AVENUE
SUITE 200
TAMPA, FL 33609 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: HARPER, WILLIAM H
Address: 4010 STATE STREET
City-St-Zip: TAMPA, FL 33609

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HARPER, STEVEN D
Address: 4311 ROBIN LANE
City-St-Zip: TAMPA, FL 33609

Title: VP () Change (X) Addition
Name: LIESS, ROBERT M
Address: 2602 W SAM ALLEN RD
City-St-Zip: PLANT CITY, FL 33565

Title: COO () Change (X) Addition
Name: SMITH, J E
Address: 13811 WHISPERWOOD DR
City-St-Zip: CLEARWATER, FL 33762

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: J E SMITH

COO

04/06/2004

Electronic Signature of Signing Officer or Director

Date