## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000032156

Address:

City-St-Zip:

Entity Name: STAFF MANAGEMENT SOLUTIONS III, INC

FILED Apr 06, 2004 Secretary of State

LINKY NAME: STAIT MANAGEMENT SOLUTIONS III, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
1911 U.S. I TAMPA, FL	HIGHWAY 30 _ 33619	1 NORTH					
Current Mailing Address:			New Mailing Address:				
1911 U.S. I TAMPA, Fl	HIGHWAY 30 _ 33619	1 NORTH					
FEI Number:	06-1684082	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certifica	ate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
106 SOUTI SUITE 200	3, VICTOR W H TAMPANIA _ 33609 US	AVENUE					
	named entity of Florida.	submits this statement for the pu	rpose of changing i	ts registered o	office or r	egistered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ager	nt			Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D ( HARPER, WIL 4010 STATE S TAMPA, FL 33	TREET	Title: Name: Address: City-St-Zip:	(	) Change(	()Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	P ( HARPER, STE 4311 ROBIN L TAMPA, FL 33	VEN D ANE	(X) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( LIESS, ROBER 2602 W SAM / PLANT CITY, R	RT M ALLEN RD	(X) Addition	
Title: Name:	(	) Delete	Title: Name:	COO ( SMITH, J E	) Change	(X) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JESMITH COO 04/06/2004

13811 WHISPERWOOD DR

CLEARWATER, FL 33762