

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90005 029 ***150.00

DOCUMENT # P03000035943



1. Entity Name
EMPLOYER SERVICES, INC.

Principal Place of Business
6302 MANATEE AVENUE WEST
CENTER WEST, SUITE I-2
BRADENTON FL 34209

Mailing Address
6302 MANATEE AVENUE WEST
CENTER WEST, SUITE I-2
BRADENTON FL 34209

2. Principal Place of Business
3110 Manatee Ave. W.

3. Mailing Address
3110 Manatee Ave. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton FL

City & State
Bradenton FL

Zip **34205** **Country** **USA**

Zip **34205** **Country** **USA**



MOORE CR2E034 (4/04)

4. FEI Number
550826901

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBLING, JAMIE A ESQ.
1301 6TH AVENUE WEST
SUITE 401
BRADENTON FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MUNDY, DAVID	
STREET ADDRESS	6302 MANATEE AVENUE WEST STE I-2	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



"The Solution to Your Employee Leasing Needs"

To whom it may concern:

This letter is to notify you that Employer Services, Inc. never received any notices concerning my corporation being filed. I only received a notice of intent letter. Therefore I should not be penalized the \$400.00 late fee. If you have any questions or concerns, please give me a call at your convenience.

Sincerely,

David P. Mundy
President