2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90316 047 ***150.00

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1. Entity Name
PRIORITY EMPLOYEE LEASING INC

Principal Place of Business	Mailing Address
~~661 VIA MILANO~~ ~~APOPKA, FL 32712~~	661 VIA MILANO APOPKA, FL 32712

03012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4514 Rock Hill Loop	4514 Rock Hill Loop
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. –
City & State Apopka FL ~~3271~~	City & State Apopka FL
Zip 32712 / Country USA	Zip 32712 / Country USA

4. FEI Number 13-4249023 ☐ 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
GROOM, JAMES ~~661 VIA MILANO~~ APOPKA, FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) 4514 Rock Hill Loop City Apopka FL Zip Code 32712

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] DATE 3/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	P GROOM, JAMES ~~661 VIA MILANO~~ APOPKA, FL 32712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4514 Rock Hill Loop Apopka FL 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, JEFFREY 826 KAMCHATKA CT APOPKA, FL 32712 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 3/8/05 407 889 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #