

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060802

FILED
Jan 08, 2004
Secretary of State

Entity Name: EMPLOYEE RESOURCES, INC.

Current Principal Place of Business:

3515 PINE GROVE AVE
PORT HURON, MI 48060

New Principal Place of Business:

3515 PINE GROVE AVE
SUITE 400
PORT HURON, MI 480601993 US

Current Mailing Address:

3515 PINE GROVE AVE
PORT HURON, MI 48060

New Mailing Address:

3515 PINE GROVE AVE
SUITE 400
PORT HURON, MI 480601993 US

FEI Number: 59-3054306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORKINS, WILLIAM H III
3303 LORI LANE
NEWPORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

CORKINS, WILLIAM H III
16468 SEMINOLE BLVD.
ATTN. SANDY FILLMORE
BROOKSVILLE, FL 34601 US

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:

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: CORKINS, WILLIAM H III
Address: 16468 SEMINOLE BLVD.
City-St-Zip: BROOKSVILLE, FL 34601 US

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: WILLIAM H. CORKINS III

PRES

01/08/2004

Electronic Signature of Signing Officer or Director

Date