

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000086536**

1. Entity Name

A PLUS PERSONNEL SOLUTIONS, INC.



Principal Place of Business

966 W. WISCONSIN AVE.  
DELAND, FL 32720

Mailing Address

966 W. WISCONSIN AVE.  
DELAND, FL 32720

**DO NOT WRITE IN THIS SPACE**



02212005

No Chg-P

CR2E034 (10/03)

4. FEI Number

20-0139913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, KATHRYN  
966 W. WISCONSIN AVE.  
DELAND, FL 32720

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000251983  
03/05/05-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRABTREE, KATHRYN
STREET ADDRESS	966 W. WISCONSIN AVE.
CITY - ST - ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

3-2-05 386-822-9988