2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000087466

1. Entity Name
PORT STAFFING, INC.

Principal Place of Business	Mailing Address
1200 SERTOMA DR TAMPA, FL 33605	1200 SERTOMA DR TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

01262006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0139800	Not Applicable

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

6. Name and Address of Current Registered Agent

VON SPIEGELFELD, ALLEN
501 E KENNEDY BLVD STE 1700
TAMPA, FL 33602

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	HENDRY, AARON
STREET ADDRESS	1200 SERTOMA DR
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	VP
NAME	WATTS, JR., CLAUDE R
STREET ADDRESS	1200 SERTOMA DR.
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	S/T
NAME	DEUFEL, DAVE
STREET ADDRESS	1200 SERTOMA DR.
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80002-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #