

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000022368

Entity Name: E-Z PAY STAFFING, INC.

**FILED**  
**Jul 19, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

12541 METRO PKWY STE 6  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

12541 METRO PKWY STE 6  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 20-0678752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLOMBERG, AMY  
6002 PALM SHADOW WAY  
APT. # 1228  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

FLOMBERG, AMY  
732 BERRY BRAMELE DRIVE  
BRANDON, FL 33515 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: AMY FLOMBERG

07/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MUNOZ, ANDREW W  
Address: 8199 BRETON CIRCLE  
City-St-Zip: FORT MYERS, FL 33912 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MUNOZ, WALTER  
Address: 606 SE 19TH STREET  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S.T ( ) Change (X) Addition  
Name: JEFFERY, DAVID  
Address: 3822 SE 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904 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: WALTER MUNOZ

VP

07/19/2005

Electronic Signature of Signing Officer or Director

Date