

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022368

Entity Name: E-Z PAY STAFFING, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

12541 METRO PKWY STE 6
FORT MYERS, FL 33912 US

New Principal Place of Business:

12541 METRO PKWY STE 3
FORT MYERS, FL 33912 US

Current Mailing Address:

12541 METRO PKWY STE 6
FORT MYERS, FL 33912 US

New Mailing Address:

12541 METRO PKWY STE 3
FORT MYERS, FL 33912 US

FEI Number: 20-0678752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FLOMBERG, AMY
732 BERRY BRAMBLE 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

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: S,T () Delete
Name: JEFFERY, DAVID
Address: 3822 SE 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDREW W MUNOZ

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date