## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000022368

Entity Name: E-Z PAY STAFFING, INC.

FILED May 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12541 METRO PKWY STE 3 12541 METRO PKWY

FORT MYERS, FL 33912 SUITE #6

FORT MYERS, FL 33966 US

**Current Mailing Address: New Mailing Address:** 

12541 METRO PKWY STE 3 12541 METRO PKWY

FORT MYERS, FL 33912 US SUITE #3

FORT MYERS, FL 33966 US

FEI Number: 20-0678752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FLOMBERG, AMY MUNOZ, ANDREW W 732 BERRY BRAMBLE DRIVE 8199 BRETON CIRCLE

BRANDON, FL 33515 FORT MYERS, FL 33912 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: ANDREW W. MUNOZ 05/03/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete () Change () Addition MUNOZ, ANDREW W Name: Name:

8199 BRETON CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip:

Title: VPTD () Delete Title: VPTD (X) Change ( ) Addition

Name: MUNOZ. WALTER Name: MUNOZ, WALTER

606 SE 19TH STREET Address: 11908 KING JAMES COURT Address: CAPE CORAL, FL 33990 US CAPE CORAL, FL 33991 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 **PSD** 05/03/2007

Electronic Signature of Signing Officer or Director

Date