

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90020 027 ***158.75

DOCUMENT # P04000072469 1. Entity Name WALTHOUR EMPLOYMENT SOLUTIONS, INC.					
Principal Place of Business 1125 E 19TH ST JACKSONVILLE, FL 32206			Mailing Address 1125 E 19TH ST JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 505 Gordon Chapel Rd		3. Mailing Address 505 Gordon Chapel Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hawthorne FL		City & State Hawthorne FL		4. FEI Number 20-117710	
Zip 32640		Country Putnam		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04292008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent WALTHOUR, GWENDOLYN 1474 CLASSIG RD E JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name Gwendolyn Walthour Street Address (P.O. Box Number is Not Acceptable) 505 Gordon Chapel Rd City Hawthorne FL Zip Code 32640		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST WALTHOUR, GWENDOLYN 1125 E 19TH ST JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Gwendolyn Walthour</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-08 352-481-6291 <small>Date Daytime Phone #</small>		