

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P05000015898

1. Entity Name
AD STAFF STAFFING, INC.



Principal Place of Business
1801 HOBBS RD.
AUBURNDAL, FL 33823 US

Mailing Address
1801 HOBBS RD.
AUBURNDAL, FL 33823 US



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2257000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEITH, WILLIAM C
1517 COMMERCIAL PARK DR.
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	RUGGIERI, MARK J
STREET ADDRESS	1 EAGLES NEST
CITY-ST-ZIP	WINTER HAVEN, FL 33880

TITLE	VP
NAME	WILSON, DENNY
STREET ADDRESS	6645 WILLOWS WAY
CITY-ST-ZIP	CUMMING, GA 30040

TITLE	T
NAME	KNIGHT, JAMES F
STREET ADDRESS	1801 HOBBS ROAD
CITY-ST-ZIP	AUBURNDAL, FL 33823

TITLE	S
NAME	MCGUIRE, NATHAN E
STREET ADDRESS	1801 HOBBS ROAD
CITY-ST-ZIP	AUBURNDAL, FL 33823

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/15/07-80151-014 150.00

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 #