2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015898

Name:

Address: City-St-Zip: WILLIAM, KEITH C

1801 HOBBS ROAD

AUBURDALE, FL 33323

Entity Name: AD STAFF STAFFING, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1801 HOBBS RD. AUBURNDALE, FL 33823 US **Current Mailing Address: New Mailing Address:** 1801 HOBBS RD. AUBURNDALE, FL 33823 US FEI Number: 20-2257000 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: KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RUGGIERI, MARK J Name: Name: 1 EAGLES NEST Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 US City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: WILSON, DENNY Name: 6645 WILLOWS WAY Address: Address: CUMMING, GA 30040 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition KNIGHT, JAMES F Name: Name: 1801 HOBBS ROAD Address: Address: City-St-Zip: AUBURNDALE, FL 33823 US City-St-Zip: Title: () Delete Title: () Change () Addition MCGUIRE, NATHAN E Name: Name: Address: 1801 HOBBS ROAD Address: City-St-Zip: AUBURNDALE, FL 33823 US City-St-Zip: Title: CFO (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK J RUGGIERI P 04/29/2009