

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030608

FILED  
May 06, 2008  
Secretary of State

Entity Name: CENTERLINK STAFFING CORPORATION

## Current Principal Place of Business:

5020 TAMIAMI TRAIL N  
SUITE 108  
NAPLES, FL 34103 US

## Current Mailing Address:

5020 TAMIAMI TRAIL N  
SUITE 108  
NAPLES, FL 34103 US

## New Principal Place of Business:

5048 TAMIAMI TRAIL N  
SUITE 1  
NAPLES, FL 34103 US

## New Mailing Address:

5048 TAMIAMI TRAIL N  
SUITE 1  
NAPLES, FL 34103 US

FEI Number: 20-2447408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOHMANN, JOSEPH G  
5020 TAMIAMI TRAIL N  
SUITE 108  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

HOHMANN, JOSEPH G  
5048 TAMIAMI TRAIL N  
SUITE 1  
NAPLES, FL 34103 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: JOSEPH G HOHMANN

05/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOHMANN, JOSEPH G  
Address: 5020 TAMIAMI TRAIL N, SUITE 108  
City-St-Zip: NAPLES, FL 34103 US

Title: VP ( ) Delete  
Name: HOHMANN, PATRICIA L  
Address: 5020 TAMIAMI TRAIL N, #108  
City-St-Zip: NAPLES, FL 34103 US

Title: T (X) Delete  
Name: HOHMANN, JOSEPH G  
Address: 5020 TAMIAMI TRAIL N, #108  
City-St-Zip: NAPLES, FL 34103 US

Title: S (X) Delete  
Name: HOHMANN, PATRICIA L  
Address: 5020 TAMIAMI TRAIL N, #108  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOHMANN, JOSEPH G  
Address: 5048 TAMIAMI TRAIL N, SUITE 1  
City-St-Zip: NAPLES, FL 34103 US

Title: S (X) Change ( ) Addition  
Name: DRAKE, LESLIE A  
Address: 5048 TAMIAMI TRAIL N, #1  
City-St-Zip: NAPLES, FL 34103 US

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 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: JOSEPH G HOHMANN

P

05/06/2008

Electronic Signature of Signing Officer or Director

Date