2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000057406

1. Entity Name
ABSOLUTE LABOR MANAGEMENT, INC.

Principal Place of Business	Mailing Address
800 SW 16TH ST #6 BELLE GLADE, FL 33430	PO BOX 367 BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

01162008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3802728	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, DEBORAH J
800 SW 16TH ST
#6
BELLE GLADE, FL 33430

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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_____

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

FILE NOW!!! FEE IS $150.00 After May 1, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000794239 01/25/08-80041-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	JORDAN, DEBORAH J
STREET ADDRESS	800 SW 16TH ST #6
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	T
NAME	JOYNER, SCOTT
STREET ADDRESS	4781 127TH TRAIL N
CITY-ST-ZIP	WEST PALM BCH, FL 33411

TITLE	S
NAME	MILLER, MONA
STREET ADDRESS	800 SW 16TH ST #6
CITY-ST-ZIP	BELLE GLADE, FL 33430

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Deborah J. Jordan_   1-19-08   561-261-0552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #