

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90002 014 ***158.75

| | | | |
|---|--|--|--|
| DOCUMENT # P05000096435 1. Entity Name NORTH STAR STAFFING INC. | | | |
| Principal Place of Business 5801 DEER TRACKS TRAIL LAKELAND, FL 33811 US | | Mailing Address 5801 DEER TRACKS TRAIL LAKELAND, FL 33811 US | |
| 2. Principal Place of Business Suite, Apt., etc. North Star Staffing, Inc. 220 West Brandon Blvd. | | 3. Mailing Address Suite, Apt., etc. North Star Staffing, Inc. 220 West Brandon Blvd. | |
| City & State Suite 104 Brandon, FL 33511 | | City & State Suite 104 Brandon, FL 33511 | |
| Zip Country | | Zip Country | |
| 4. FEI Number 02-0746545 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLALOCK, BRENDA 5801 DEER TRACKS TRAIL <i>change to</i> LAKELAND, FL 33811 | | 7. Name and Address of New Registered Agent Name BRENDA BLALOCK Street Address (P.O. Box Number is Not Acceptable) North Star Staffing, Inc. 220 West Brandon Blvd. Suite 104 City Brandon, FL 33511 FL Zip Code | |
| 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 620-06 <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 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR BLALOCK, BRENDA <i>- Same</i> <input type="checkbox"/> Delete 5801 DEER TRACKS TRAIL LAKELAND, FL 33811 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | North Star Staffing, Inc. <input type="checkbox"/> Change <input type="checkbox"/> Addition 220 West Brandon Blvd. Suite 104 Brandon, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BLALOCK, BRENDA <i>- Same</i> <input type="checkbox"/> Delete 5801 DEER TRACKS TRAIL LAKELAND, FL 33811 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | North Star Staffing, Inc. <input type="checkbox"/> Change <input type="checkbox"/> Addition 220 West Brandon Blvd. Suite 104 Brandon, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 of 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, and all other like empowered. | | | |
| SIGNATURE: 620-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 620-06 Daytime Phone # | |