2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90112 021 ***158.75

DOCUMENT # P05000096435

1. Entity Name
NORTH STAR STAFFING INC.

Principal Place of Business
~~220 WEST BRANDON BLVD~~ 4809 E Busch Blvd
~~SUITE 104~~ Suite 106
~~BRANDON, FL 33511 US~~ Tampa FL 33617

Mailing Address
~~220 WEST BRANDON BLVD~~
~~SUITE 104~~
~~BRANDON, FL 33511 US~~

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0746545
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLALOCK, BRENDA
~~220 WEST BRANDON BLVD~~ 4809 E Busch Blvd
~~SUITE 104~~ Suite 106
~~BRANDON, FL 33511~~ Tampa FL 33617

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 _____ 3-24-07
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, 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	DIR
NAME	BLALOCK, BRENDA
STREET ADDRESS	~~220 WEST BRANDON BLVD SUITE 104~~ 4809 E Busch Blvd Suite 106
CITY-ST-ZIP	~~BRANDON, FL 33511~~ Tampa FL 33617
TITLE	P
NAME	BLALOCK, BRENDA
STREET ADDRESS	220 WEST BRANDON BLVD SUITE 104 4809 E Busch Blvd Suite 106
CITY-ST-ZIP	~~BRANDON, FL 33511~~ Tampa FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #