## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P06000036494  1. Entity Name JLS PERSONNEL INC							05-02-2007 90	0040 042 ***150	0.00
Principal Plac	e of Busines	5	Mailing Address		1				
248 LYNNE I HOLLISTER.	DRIVE	•	248 LYNNE DRIVE HOLLISTER, FL 32147						
							ABILA BISIN ABILI BAIN PAL	 	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172007	Chg-P	CR2E034 (12/06)	)
City & State			City & State			4. FEI Numbe	515514	5 <del>1</del>	pplied For
Zip		Country	Zip Cou		itry		of Status Desired	\$8.75 Ac	tot Applicable Iditional ed
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered Agent	
					Name				
HALL, CHARLES E JR. 77 ALMERIA STREET ST AUGUSTINE, FL 32084					Street Address (P.O. Box Number is Not Acceptable)				
					·				
					City		-	FL Zip Coo	de
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo	orida. I am familiar with	, and accept
the obligations of registered agent.									
SIGNATURE									
'f' - Signature, whed 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10	·	OFFICERS AND D	L DIRECTORS	11.	-	ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	IS IN 11
filli	DPST Delete IIILE							☐ Change	Addition
NAME	SAULSGIVER, JAMES L								
STREET ADDRESS CITY+ST-ZIP	PO BOX 9	ER, FL 32147	ET ADDRESS -ST-ZIP						
TITLE	☐ Delete USLE					-		☐ Change	Addition
NAME	NAN				1			c.mange	
STREET ADDRESS					ET ADDRESS				
Crty-ST-ZIP	CHY				-\$1-ZiP				C Marie
TITLE HAME						☐ Change	Addition		
STREET ADORESS			ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP		_		
TITLE			Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E1 ADORESS				
CITY-ST-ZIP				CITY	-ST-ZIP				{
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NAME STREET ADDRESS				NAM	ET ADDRESS				
CITY-ST-ZIP					- ST - ZIP				ł
DILE			☐ Detete	* THE				☐ Change	Addition
NAME	NAME								
STREET ADDRESS CITY ST-ZIP					ET ADORESS -S1-ZIP				
	L	information supplied with t	his filing does not matily to			in Chapter 119	Florida Statutes 1	lurther certify that the i-	ntormation
12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. Hurther certify that the information modulated on this report or supplied in the port 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 for invisite empowered to succute 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 effect like empowered.									
SIGNATURE: JUNE JULY JULY JULY JULY JULY JULY JULY JULY									
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daytime Phone #									· · · ·