

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073030

FILED
Mar 27, 2008
Secretary of State

Entity Name: INDUSTRIAL STAFFING CONCEPTS CORPORATION

Current Principal Place of Business:

2040 N. RIO GRANDE AVENUE
B
ORLANDO, FL 32804

New Principal Place of Business:

8421 SOUTH ORANGE BLOSSOM TRAIL
SUITE 226
ORLANDO, FL 32809

Current Mailing Address:

5703 RED BUG LAKE ROAD
274
WINTER SPRINGS, FL 32708

New Mailing Address:

8421 SOUTH ORANGE BLOSSOM TRAIL
226
ORLANDO, FL 32809

FEI Number: 26-0605634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADKINS, GORDON M
2040 N. RIO GRANDE AVENUE
B
ORLANDO, FL FL US

Name and Address of New Registered Agent:

ADKINS, GORDON M
8421 SOUTH ORANGE BLOSSOM TRAIL
226
ORLANDO, FL 32809 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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADKINS, GORDON M
Address: 5703 RED BUG LAKE ROAD, # 274
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: ADKINS, GORDON M
Address: 5703 RED BUG LAKE ROAD, # 274
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADKINS, GORDON M
Address: 8921 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

Title: S (X) Change () Addition
Name: ADKINS, GORDON M
Address: 8921 S ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

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: PAMELA C HAINES

TREA

03/27/2008

Electronic Signature of Signing Officer or Director

Date