

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90231 019 ***150.00

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1. Entity Name

STRATEGIC OUTSOURCING INC. OF FL.



Principal Place of Business

5260 PARKWAY PLAZA BLVD.
SUITE 140
CHARLOTTE NC 28217
US

Mailing Address

P.O. BOX 241448
CHARLOTTE NC 28224
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3151335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOS
FOTSCH, ROBERT M
140 CHESHIRE LANE
MOORESVILLE NC 28115 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOTSCH, ROBERT M
140 CHESHIRE LANE
MOORESVILLE NC 28115 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BELL, DAVID G
13442 FREMINGTON RD.
HUNTERVILLE NC 28078 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLSON, MICHAEL
P.O. BOX 241448
CHARLOTTE NC 28224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
PATELUNAS, JOSEPH R
PO BOX 241448
CHARLOTTE NC 28224-1448 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gil E. Aleman
PO Box 241448
Charlotte NC 28224-1448 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst Sec
Ward E. Harkness
PO Box 241448
Charlotte NC 28224-1448 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ward E. Harkness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARD E. HARKNESS 4/28/04 704-523-2191

Date Daytime Phone #