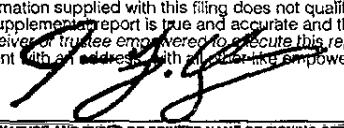


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000054311 1. Entity Name EMPLOY AMERICA II, INC.		
Principal Place of Business 199 AVE K SE WINTER HAVEN, FL 33880 US		Mailing Address 199 AVE K SE WINTER HAVEN, FL 33880 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KNIGHT, JAMES F 199 AVE K SE WINTER HAVEN, FL 33880		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 _____ 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, 2005 Fee will be \$550.00		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	VP KNIGHT, JAMES F 105 COVINGTON COVE WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KNIGHT, JAMES F 105 COVINGTON COVE WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILSON, DENNY 6645 WILLOWSWAY CUMMING, GA 30040	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUGGIERI, MARK 1 EAGLES NEST WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 power like empowered.		
SIGNATURE: 		Date 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3194585	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000352307
05/03/05-80024-002 150.00

**DO NOT WRITE
IN THIS SPACE**