


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000058225 1. Entity Name WAL-STAF MANAGEMENT SERVICES, INC.	
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Principal Place of Business 4140 NW 27 LANE SUITE F GAINESVILLE, FL 32606	Mailing Address 4140 NW 27 LANE SUITE F GAINESVILLE, FL 32606
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04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3259305	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALTHER, ROBERT H 4140 NW 27 LANE SUITE F GAINESVILLE, FL 32606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALTHER, ROBERT H 4140 NW 27TH LANE, SUITE F GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALTHER, NANCY 4140 NW 27TH LANE, SUITE F GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUIRK, ERIKA W 4140 NW 27TH LN., SUITE F GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/27/04-80107-011 150.00

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: Erika W. Quirk 4/26/04 352-378-8367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #