2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# P94000085533

Entity Name: DIVERSIFIED LABOR SERVICES, INC.

Current Principal Place of Business:

1454 SW SUDDER AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1454 SW SUDDER AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0537956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, ROBERT W
1454 SW SUDDER AVE
PORT SAINT LUCIE, FL 34953

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: STEVENS, ROBERT W
Address: 1454 S W SUDDER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V ( ) Delete
Name: MURRY, WILLIAM
Address: 385 SANDRA DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S ( ) Delete
Name: CROCHIERE, DARLEEN
Address: 1454 SW SUDDER AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MURRY, WILLIAM
Address: 385 SANDIA DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT STEVENS PRES 05/04/2004

Electronic Signature of Signing Officer or Director — Date