

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086554

Entity Name: STAFFING SYSTEMS, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

702 NORTH FRANKLIN STREET
TAMPA, FL 33602 US

New Principal Place of Business:

6354 118TH AVENUE
LARGO, FL 33773 US

Current Mailing Address:

C/O D.E. SCHWARTZ
P.O. BOX 111
TAMPA, FL 336010111 US

New Mailing Address:

6354 118TH AVENUE
LARGO, FL 33773 US

FEI Number: 59-3280064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLUME, DARYL W
6354 118TH AVENUE
LARGO, FL 33773 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: DARYL BLUME

05/02/2005

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: V () Delete
Name: BLUME, D W
Address: 702 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: SCHWARTZ, D E
Address: 702 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

Title: PD () Delete
Name: CANTRELL, W N
Address: 702 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: D (X) Delete
Name: RAMIL, J B
Address: 702 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: TD (X) Delete
Name: GILLETTE, G L
Address: 702 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLUME, D W
Address: 6354 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773

Title: VP (X) Change () Addition
Name: ALLEN, DAN
Address: 6354 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773

Title: T (X) Change () Addition
Name: FIELDS, JOHN D
Address: 6354 118TH AVENUE NORTH
City-St-Zip: LARGO, FL 33773 US

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

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: JOHN FIELDS

T

05/02/2005

Electronic Signature of Signing Officer or Director

Date