## 2008 FOR PROFIT CORPORATION

**ANNUAL REPORT** FILED Apr 07, 2008 08:00 All Secretary of State DOCUMENT # P95000056525 1. Entity Name AFFORD-A-STAFF, INC. Principal Place of Business Mailing Address 1554 S FT. HARRISON AVE. 1554 S FT. HARRISON AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 01292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3324343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ACKERLEY, OLIVER 2351 IRISH LANE APT. 7 IN THIS SPACE CLEARWATER, FL 33763 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PT U00000884385 04/17/08-80042-003 150.00 TITLE ACKERLEY, OLIVER NAME STREET ADDRESS 1554 S. FT. HARRISON AVE. CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 as 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

OR DIRECTOR

SIGNATURE

STREET ADDRESS CITY-ST-ZIP