



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90108 016 \*\*\*150.00

DOCUMENT # P95000083125					
1. Entity Name EMPLOYER PROFESSIONAL SERVICES, INC.					
Principal Place of Business 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			Mailing Address 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0617103	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, MATTHEW T ESQ 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGANMAN, PHILIP E		NAME		
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUCE, WILLIAM D		NAME		
STREET ADDRESS	1600 W. COMMERCIAL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, MARK		NAME		
STREET ADDRESS	1600 WEST COMMERCIAL BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, NEAL		NAME		
STREET ADDRESS	3251 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON, VA 22201		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN M		NAME		
STREET ADDRESS	1600 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, DEBORAH S		NAME		
STREET ADDRESS	1600 W COMMERCIAL BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		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)(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: 			Date: 3/29/04		Daytime Phone #: 954 483 6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

Attachment 24044585  
#P95000083125

**EMPLOYER PROFESSIONAL SERVICES, INC.**

**ADDITIONAL DIRECTORS AND OFFICERS:**

Title: V  
Name: Linda M. Dinapoli  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S  
Name: Matthew T. Jones  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Joseph A. Matteis  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Marilyn Peterson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Norm Baker  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V  
Name: Chris Parkinson  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309