

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90019 017 ***150.00

DOCUMENT # P95000088405

1. Entity Name

STAFF OF LIFE, INC.



Principal Place of Business

123 N. PARTIN DR.
NICEVILLE FL 32578
US

Mailing Address

123 N. PARTIN DR.
NICEVILLE FL 32578
US

2. Principal Place of Business - No P.O. Box #

119 N Partin Dr.

3. Mailing Address

119 N Partin Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Defuniak Spgs. FL

Zip

Country

Zip

Country

32578

Walton

4. FEI Number 59-3344116

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CECIL, SANDRA L
624 FOREMAN RD
DEFUNIAK SPRINGS FL 32435

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CECIL, JOHN H
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ST
NAME CECIL, SANDRA L
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE V
NAME MCMILLAN, BELINDA C
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE DC
NAME CECIL, JOHN H.
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D
NAME CECIL, SANDRA L.
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VP
NAME MCMILLAN, BELINDA C
STREET ADDRESS 624 FOREMAN RD
CITY- ST- ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Sandra L. Cecil Sandra L Cecil S/S

3/7/07

850-893-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #