

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM  
Secretary of State

DOCUMENT # P95000088405

1. Entity Name  
STAFF OF LIFE, INC.



Principal Place of Business  
119 N. PARTIN DR.  
DEFUNIAK SPRINGS, FL 32578 US

Mailing Address  
119 N. PARTIN DR.  
DEFUNIAK SPRINGS, FL 32578 US



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

CECIL, SANDRA L  
624 FOREMAN RD  
DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U000000941503  
05/28/08-80108-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CECIL, JOHN H
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	ST
NAME	CECIL, SANDRA L
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	V
NAME	MCMILLAN, BELINDA C
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	DC
NAME	CECIL, JOHN H.
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	D
NAME	CECIL, SANDRA L.
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	VP
NAME	MCMILLAN, BELINDA C
STREET ADDRESS	624 FOREMAN RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 850-892-3081  
Date Daytime Phone #