



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90053 014 ***150.00

DOCUMENT # P96000000788					
1. Entity Name PARATEMP, INC.					
Principal Place of Business 12225 28TH STREET NORTH ST. PETERSBURG, FL 33716			Mailing Address 12225 28TH STREET NORTH ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box # 10332 HOPMAN CT.		3. Mailing Address P.O. Box 4250			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FL		City & State SEMINOLE, FL			
Zip 33777		Country USA		02202008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3356628		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOGNIEW, ROSEMARY 12225 28TH STREET NORTH ST. PETERSBURG, FL 33716			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10332 HOPMAN COURT City LARGO FL Zip Code 33777		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOGNIEW, ROSEMARY 12225 28TH STREET NORTH ST. PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STOGNIEW, GERALD 12225 28TH STREET NORTH ST. PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'REILLEY, LAURIE 12225 28TH STREET NORTH ST. PETERSBURG, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D STACY, LAURIE 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOGNIEW, KRISTEN 12225 28TH ST, N ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10332 HOPMAN COURT LARGO, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Rosemary Stogniew</i></u> ROSEMARY STOGNIEW <u>2/20/08</u> (727) 397-8397 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					