2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000026606

1. Entity Name
WALSTAFF CORPORATION

FILED
Jul 10, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
6542 WAYNE ST. N.	6542 WAYNE ST. N.
ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

07072008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3440185		Not Applicable

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

6. Name and Address of Current Registered Agent

STAFF, WALLACE W
6542 WAYNE ST. N.
ST. PETERSBURG, FL 33702

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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 $550.00 ***Due by September 12, 2008***	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000954051 07/10/08-80009-009 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	STAFF, WALLACE
STREET ADDRESS	6542 WAYNE ST N
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _WW Staff_ WALLACE W. STAFF 7/8/08 526-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #