2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028054

Address:

City-St-Zip:

FILED Jan 22, 2004 Secretary of State

Entity Na	me: NATIONA	AL EMPLOYER SERVICES, IN	C.			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	H LAKE AVE RK, FL 33825					
Current M	lailing Addres	ss:	New Maili	New Mailing Address:		
	H LAKE AVE RK, FL 33825					
FEI Number	: 59-3377284	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
118 SOUT	NO, GLEN J TH LAKE AVE RK, FL 33825		118 SOUT	WELBORN, CHARLES P JR 118 SOUTH LAKE AVE AVON PARK, FL 33825		
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered	I office or registered agent, or both,	
SIGNATU	RE: CHARLE	S P WELBORN, JR		01/22/2004		
	Electror	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV () DAYVAULT, JA 5150 SO. FLOF LAKELAND, FL	RIDA AVE	Title: Name: Address: City-St-Zip:	D WELBORN, S 118 SOUTH I AVON PARK,	LAKE AVE	
Title: Name: Address: City-St-Zip:	DP () WELBORN, CH 118 SOUTH LA AVON PARK, F	KE AVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DISTEFANO, G 118 SOUTH LA AVON PARK, F	KE AVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	()) Delete	Title: Name:	D RIORDAN, AI	() Change (X) Addition LISON	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

118 SOUTH LAKE AVE

AVON PARK, FL 33825

SIGNATURE: GLEN J DISTEFANO S 01/22/2004