

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90048 008 ***150.00

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02022005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000039795 1. Entity Name AEROSTAFF SERVICES OF AMERICA INC.					
Principal Place of Business 3 NORTHPOINT DRIVE THIRD FLOOR HOUSTON, TX 77060			Mailing Address 3 NORTHPOINT DRIVE THIRD FLOOR HOUSTON, TX 77060		
2. Principal Place of Business 21977 E. Wallis Dr. Suite, Apt. #, etc.		3. Mailing Address 21977 E. Wallis Dr. Suite, Apt. #, etc.			
City & State Porter, Texas Zip 77365 Country U.S.A.		City & State Porter, Texas Zip 77365 Country U.S.A.		4. FEI Number 65-0674520	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PCEO LOWERY, DOUGLAS L 1818 DEWBERRY BROOK COURT KINGWOOD, TX 77345		TITLE NAME STREET ADDRESS CITY-ST-ZIP PCEO Lowery, Douglas L. 2007 Golden Pond Kingwood, Texas 77345			
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP WITT, TERRY L 25810 HAVEN LAKE DRIVE TOMBALL, TX 77375		TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ROCCO, JAMES J 11261 DAMICO LANE CONROE, TX 77303		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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 receiver 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: _____ 2/2/05 281-999-5544 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					