

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90416 015 ***150.00

DOCUMENT # P96000069531

1. Entity Name

QUALITY PLUS STAFFING SERVICE, INC.



Principal Place of Business

**623 PINE RANCH EAST RD
OSPREY FL 34229**

Mailing Address

**623 PINE RANCH EAST RD
OSPREY FL 34229**

2. Principal Place of Business

7125 Fruitville Rd

3. Mailing Address

Same As

Suite, Apt. #, etc.

#1832

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34240

Country

Sarasota

Zip

Country

4. FEI Number

65-0691223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLEAVES, JAN K
623 PINE RANCH EAST ROAD
OSPREY FL 34229**

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)

DATE

4/22/04

FILE NOW!!! FEES \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PS ☐ Delete
NAME CLEAVES, JAN K
STREET ADDRESS 623 PINE RANCH EAST ROAD
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME CLEAVES, JOHN D
STREET ADDRESS 623 PINE RANCH EAST ROAD
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CLEAVES, JOHN D
STREET ADDRESS 623 PINE RANCH EAST RD
CITY-ST-ZIP OSPREY FL 34229

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Jan K Cleaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

(941) 378-1061

Daytime Phone #