2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90032 001 ***150.00

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1. Entity Name
QUALITY PLUS STAFFING SERVICE, INC.

Principal Place of Business	Mailing Address
7125 FRUITVILLE RD., #1832 SARASOTA, FL 34240	7125 FRUITVILLE RD., #1832 SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

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

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

Address change
7125 Fruitville Rd. #1832
Sarasota Fl. 34240

(Same 3 in # 10)

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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 _____ DATE
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

TITLE	PS
NAME	CLEAVES, JAN K
STREET ADDRESS	623 PINE RANCH EAST ROAD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VT
NAME	CLEAVES, JOHN D
STREET ADDRESS	623 PINE RANCH EAST ROAD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	P
NAME	CLEAVES, JOHN D
STREET ADDRESS	623 PINE RANCH EAST RD
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: John D. Cleaves V.P. 3/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #