


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 025 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P96000101184 1. Entity Name EMPLOYMENT PROFESSIONALS, INC. | | | |  | |
| Principal Place of Business 1215 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 | | | Mailing Address 1215 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 65-0713250 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BERO, RICHARD J CPA MENZEL & BERO, C.P.A.'S P.A. 1727 SECOND STREET #3 SARASOTA, FL 34236 | | | | 7. Name and Address of New Registered Agent Name RICHARD J BERO, CPA Street Address (P.O. Box Number is Not Acceptable) 2033 WOOD ST, SUITE 200 City SARASOTA FL Zip Code 34237 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BOWMAN, CHRISTINE 1215 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: x <i>Christine Bowman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3-1-07 Date | | |
| | | | Daytime Phone # | | |