

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051633

FILED
Apr 09, 2007
Secretary of State

Entity Name: FLORIDA LABOR SOLUTIONS, INC.

Current Principal Place of Business:

205 N. SCENIC HWY., STE 100
FROSTPROOF, FL 33843 US

New Principal Place of Business:

212 1ST STREET S
WINTER HAVEN, FL 33880 US

Current Mailing Address:

P.O. BOX 995
FROSTPROOF, FL 33843 US

New Mailing Address:

P.O. BOX 9409
WINTER HAVEN, FL 33883 US

FEI Number: 59-3452000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROUTMAN, BAXTER G
305 N SCENIC HWY
STE 100
FROSTPROOF, FL 33843 US

Name and Address of New Registered Agent:

TROUTMAN, BAXTER G
212 1ST STREET S.
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: BAXTER G. TROUTMAN

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TROUTMAN, BAXTER G
Address: 2502 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MATTESON, BYRON SR
Address: 2701 TREASURE CAY LANE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: TROUTMAN, H P
Address: 612 S LAKESHORE BLVD
City-St-Zip: LAKE WALES, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATTESON, BYRON SR
Address: 315 EAST SESSOMS AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: BAXTER G. TROUTMAN

D

04/09/2007

Electronic Signature of Signing Officer or Director

Date