

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059701

FILED
Mar 12, 2004
Secretary of State

Entity Name: PROGRESSIVE STAFFING, INC.

Current Principal Place of Business:

2469 ENTERPRISE RD., SUITE B
CLEARWATER, FL 33763 US

New Principal Place of Business:

29 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

2469 ENTERPRISE RD., SUITE B
CLEARWATER, FL 33763 US

New Mailing Address:

29 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-3455911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINGIRIDES, STAVROS
804 N BELCHER ROAD
CLEARWATER, FL 33765

Name and Address of New Registered Agent:

TINGIRIDES, STAVROS
804 N BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765

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:

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DRIS, MICHAEL E
Address: 2469 ENTERPRISE RD STE B
City-St-Zip: CLEARWATER, FL 33763

Title: DS () Delete
Name: PARIANOS, IRINI
Address: 2469 ENTERPRISE RD STE B
City-St-Zip: CLEARWATER, FL 33763

Title: DV () Delete
Name: TINGIRIDES, STAVROS
Address: 2469 ENTERPRISE RD. SUITE B
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DRIS, MICHAEL E
Address: 29 N PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DS (X) Change () Addition
Name: PARIANOS, IRINI
Address: 29 N PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV (X) Change () Addition
Name: TINGIRIDES, STAVROS
Address: 804 N BELCHER RD SUITE 100
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL E DRIS

DP

03/12/2004

Electronic Signature of Signing Officer or Director

Date